M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

אלקה	CERTIFICATE	OF	DEAT
7776	CERTIFICATE	OF	DEA

10759

	11110							Keg. Dist	, NO.	
1. PLACE OF DEATH a. COUNTY Wi	comico		MARYLA	- 11	usual residence ( a. STATE Mary	Where deceosed	lived. If instituti b. COUNTY			
b. CITY OR TOWN RURAL ond give r Salisbu		, write	6 days	1Ь	c. CITY OR TOWN (	onsville	ate limits, write R	RURAL and gi	ve nearest	tawn)
d. NAME OF HOSPI	TAL (If not in hospital, given the state It	_	ldress)		d. STREET ADDRESS		74	11/1-		S RESIDENCE ON A FARM?
3. NAME OF DECEASED	First	DSDI	Middle		Last	4. DATE OF	Mar	nth	Day	Year
(Type or print)	Ida		Belle		Aaron	DEATH		pt.	27	19 59
s. sex Female		MARRIE MIDOWED	D NEVER MARRIED    DIVORCED		7/6/1868	5	9. AGE (In years lost birthday) 91 yrs.			ours Min.
10a. USUAL OCCUPATI during most of wor	ON (Give kind af work do king life, even if retired)	one 10b. KI	ND OF BUSINESS OR II	NDUSTRY		ate or foreign car land	untry)		EN OF WH	HAT COUNTRY?
13. FATHER'S NAME			LANGUE SAN	1-	. MOTHER'S MAIDE					
Robert D	orr					1	Abbott			
1S. WAS DECEASED EV (Yes. no, or unknown) Unk.	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv		DCIAL SECURITY NO.	INFO	RMANT Deer	's Head	Mospita	Te" Reco	rds	
	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO Only, which ) (b)_	H	for (a), (b), ond (c).]  postatic p			tic card	diovascu	lar	ONSET 2	AL BETWEEN AND DEATH WKS ?
gave rise to couse (o), stoting lying couse lost.	the under-						di	sease		
Arter	HER SIGNIFICANT CONDITION OF THE SIGNIFICANT	gen						VEN IN PART	P	VAS AUTOPSY ERFORMED?
	G CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, Year	20d. INJ	URY OCCURRED 200	e. PLACE	OF INJURY (Hame, f	arm, 20f. (City	or town)	(Cc	ounty)	(State)
WEDICAL TIME OF INJU Hour o. m. p. m.	19	While at work	Not while at work	factory	, street, affice bldg.,	etc.)				
21. I certify t	Septy 27  L. V. Maldy	deceased, 19_59	d framSep			P.M, fram t	he causes ar eet, city ar tawn, State Ho	nd an the , stote)		
220. BURIAL, CREMATION REMOVAL (Specify Burial	9/30/9		22c. NAME OF CEMETER		ematory Park	22d. LOCATI	idge. Ma	ar county)	d.,	(Stote)
23. FUNERAL DIRECTOR		neral	ADDRESS Service C	ambr	24a. R	SEP 2 9		STRAR'S SIG	NYCREW	

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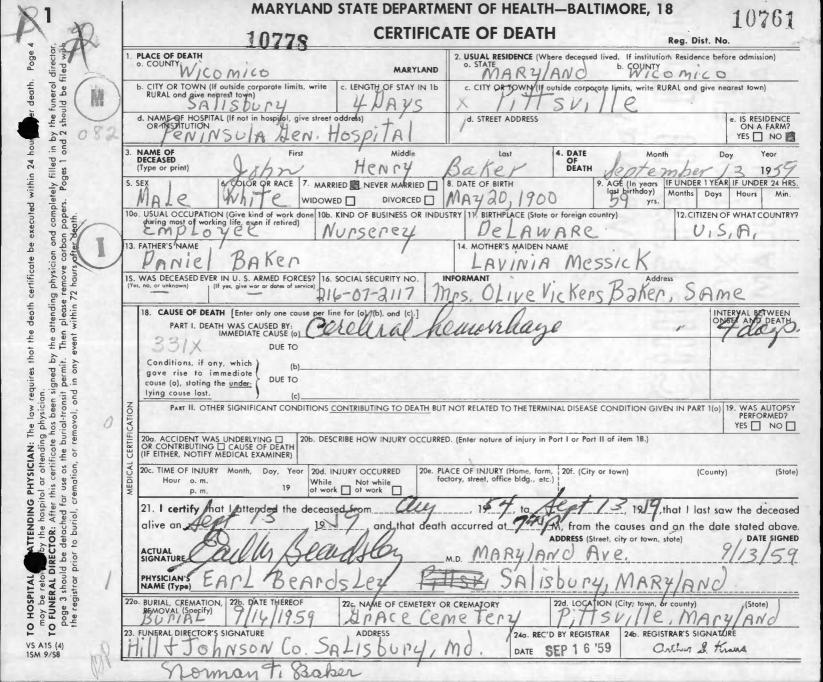
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

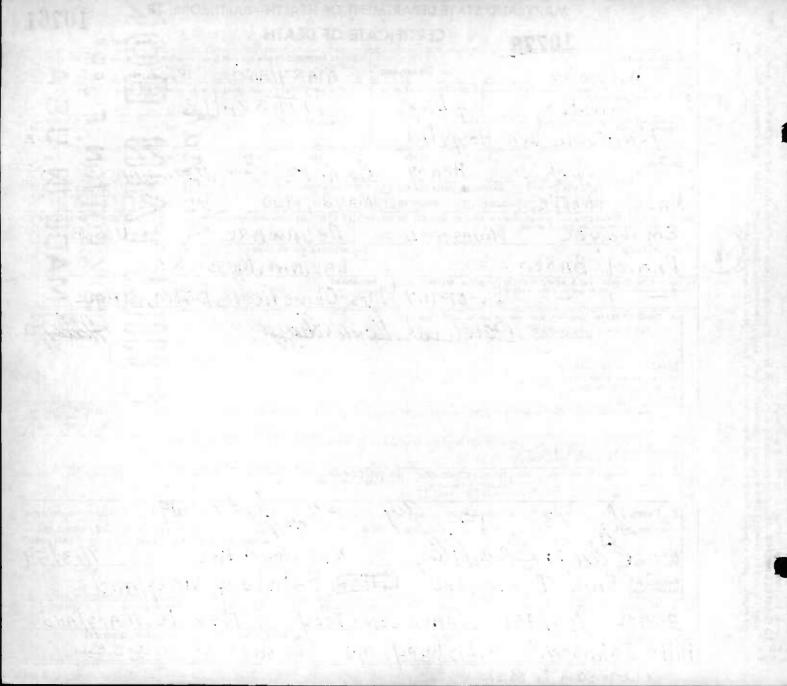
10777 CERTIFICATE OF DEATH

10760 Reg. Dist. No.

1	D. PLACE OF DEATH	omico		MAR	<b>CLAND</b>	a. STATE	pence (Why	nere deceased	d lived. If institu b. COUNT	wicon	nce befo	re admiss	ian)
		f autside carporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If a	utside carpo	rate limits, write			arest tawn	1)
		Lisbury		6h days		12 Sali	sbury						
		AL (If nat in haspital, g	ve street			d. STREET						e. IS RES	IDENCE FARM?
		ad Hospital				Box L	. Pine	eway					NO 🗆
3	. NAME OF	Fire	ŀ	Middle		La		4. DATE	Mo	nth	Do	ıv '	Year
	(Type ar print)	Ame	74.	Elle	an a	Adk	ine	OF DEATH	9		30	,	159
5	S. SEX	6. COLOR OR RACE				DATE OF BIRT			9. AGE (In years	IF UNDE	00		R 24 HRS
1									last birthday)	Manths	Days	Haurs	Min.
1	Female  Oa. USUAL OCCUPATION	White	WIDOWE	35		9-10-84			75 yrs		TIZENI OF	EVALUATO	OUNTRY
1	during mast af wark	ting life, even if retired)	one IUD.	KIND OF BUSINESS C	וצטטאוו אל								.OUNIK!
1	Housewife.			Housework				ury, M	ld.	-	J.S.	A.	
1	3. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	Thomas Sma	ack							ne Snack			as	
1	S. WAS DECEASED EVER			SOCIAL SECURITY NO	). INI	FORMANT De	er's	Head H	lospital	Reco	rds		
-	inknown	in yes, give wor or doles or se	11100)										
۴		TH [Enter anly one ca	se per lir	ne far (a), (b), and (c)	.1						INT	ERVAL BE	TWEEN
		TH WAS CAUSED BY:		Pulmonary							ONS	ET AND	DEATH
		IMMEDIATE CAUSE (a)	-	dimonaty (	edeille							30 mi	-11-
	422.1	DUE TO	- 1	Arterioscle	amati	n nemdi	0 <b>7</b> 000	· Tan d	1 00000		1	T	
1	Canditians, if ar			T reliosci	STOCI	c carui	Ovasci	rrar. d	Taesaa		1	ears	
1	gave rise to in cause (a), stating t												
	lying cause last.	(c)		Arterioscl	erosi	s, gene	ral					11	
1	PART II. OTH	IER SIGNIFICANT CON	OTTIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION G	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
- 1	<u> </u>		I	Diabetes me	ellita	18					TO I		RMED?
	20a. ACCIDENT WA	S UNDERLYING		CRIBE HOW INJURY C			of injury in	Part I ar Part	t II af item 1B.)				
		CAUSE OF DEATH								W.H			
1	20c. TIME OF INJURY Have a. m.	Y Manth, Day, Yea		NJURY OCCURRED		CE OF INJURY			ar tawn)		(Caunty)		(State
1	p. m.	19	While at war	Nat while	10000	21,7, 311001, 01110	o blag, old	"					
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	alive an9_	30+/	_, 19	59, and that	death o	occurred at			the causes a		e date		d above
	ACTUAL	- 1/11 1	. 0	11.					treet, city ar tawr			DAI	E SIGNE
	ACTUAL SIGNATURE	4-v- M	uc	my,	M	.DI	eer a	Head	Hospita	Ţ			
1	PHYSICIAN'S	4											
L	NAME (Type)	Dr. L. V. N	aldv	e			alisb	ury				Mary	land
2	2a. BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	-	THE STATE		TION (City, tawn,	ar caunty)		(State	e)
	REMBYAL Secie	10-2-59		Bethel	Ceme	tery -	-Wals	ton-F	R.D.# S	alis	bury	, Md	
2	3. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS				D BY REGIST		ISTRAR'S S			
1	HOLLOWAY	& COMPANY	SI	ALISBURY	MARY	T.AND	DATOCT	5 2 '59					
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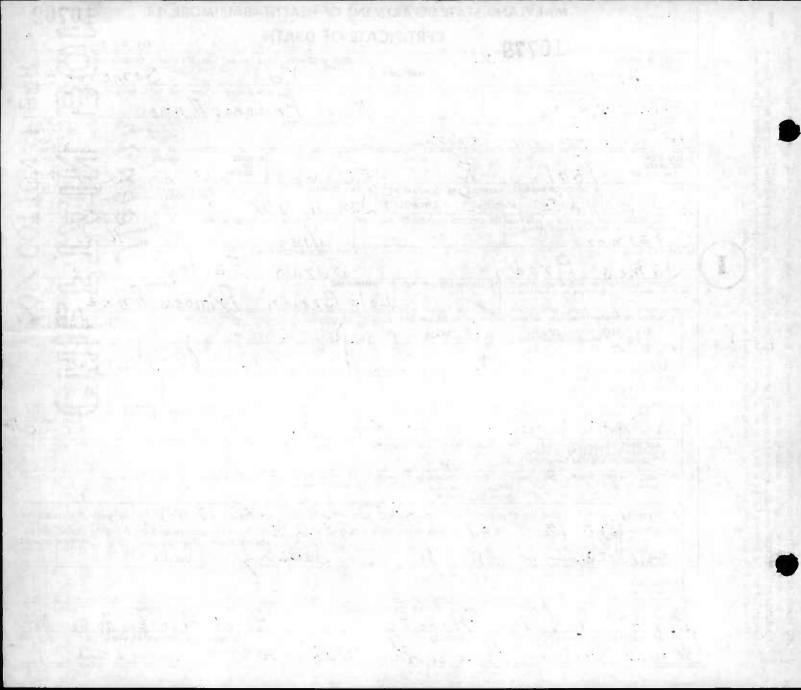
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10762

CERTIFICATE OF DEATH

10770	CERTIFICA	ALE OF DEATH	F	leg. Dist. No.
1. PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where do. STATE	eceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	Rural Prince	H	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION  ENINS LYA (ENERA) / 10	SPITAL	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Pag   First	R. Middle	2 1	DATE Month DEATH SELTER	BER 17 195
MALE WhitE WIDOWED	DIVORCED .	8. DATE OF BIRTH 1898	lost birthdoy) (6) yrs.	UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	nd of Business or Indus	TRY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
James Brown		Sarah	Bailey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no, or unknown	CIAL SECURITY NO. LO	la Brown	Princess	Anne
18. CAUSE OF DEATH [Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUIT TO	for (o), (b), and (c).]	Ousyanonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	route eng	yhsen Ath	ones brond	itis lute.
PART II. OTHER SIGNIFICANT CONDITIONS CON Substitution Substitution	for course	A Pylone St	evosis	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED	). (Enter noture of injury in Port I	or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. While p. m. 19 ot work	Not whilefoc	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	f. (City or town)	(County) (State
21. I certify that I attended the deceased alive an Sept. 17, 195	fram. Augus 7	7117- 1	/	at I last saw the deceased an the date stated abave te) DATE SIGNE
ACTUAL SIGNATURE (J. A.)  PHYSICIAN'S NAME (Type)	lang,	M.D. Jalie hu	> hel:	
NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  25. DATE THEREOF	Diret	CREMATORY 224	LOCATION (City town, or	county) (Stote) ess Anne Md
3. JUNERAL DIRECTOR'S SIGNATURE Pres.	ADDRESS Anne	24g. REC'D BY DATE SEP		LAR'S SIGNATURE



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requires that the deoth certificate be executed within 24 hau

poge 3 shauld be detached far may be retain by the TO FUNERAL DIRECTOR:

certificate

VS A15 (4) 1SM 9/5B

220. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

	10780	CERTIFICA	ATE OF DEAT	Н		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryl		d lived. If institution b. COUNTY		nce befor		sion)
b. CITY OR TOWN (I RURAL and give no Salisbu		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rote limits, write R	URAL ond	give nea	rest town	n)
d. NAME OF HOSPIT OR INSTITUTION Deer's	AL (If not in hospitol, give street  Head State Hosp		d. STREET ADDRESS  Jackson	ville	Road			ON A	FARM
3. NAME OF DECEASED (Type or print)	First <b>John</b>	Middle <b>Henry</b>	Last Byrd	4. DATE OF DEATH	Mon Sept		Do:		Yeor 19 <b>5</b> 9
s. sex Male	6. COLOR OR RACE 7. MARR	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9/10/1879		9. AGE (In years lost birthdoy) 80 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	ER 24 H
Inspect Tampect Tampect Tampect Tames By	<b>r</b> d	lewater Fisher	14. MOTHER'S MAIDEN Rachel	ld, Ma	ryland	12. CI1	TIZEN OF	USA	OUNT
	R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	None	INFORMANT Deer's	Head	Hospitál <sup>d</sup>	Reco	rds		
	DUE TO	terioscleroti		se			ONS	RVAL BE ET AND Year	DEAT
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (	eneral Arterio		AINAI DISFAS	F CONDITION ON	/FN IN PA		ears	
Bilat	ceral direct ing	uinal hernia				ELA HA LA	KI 1(0) I	PERFC YES	DRMED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc. While Not while

June 25 1959, to Sept. 23, 1959 that I last saw the deceased 21. I certify that I attended the deceased fram. \_\_\_\_, and that death accurred at 6:50AM, fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) G. Kosmahlv. M. D.

Bradshaw & Sons--Crisfield. Md.

22b. DATE THEREOF

Deer's Head State Hospital Salisbury, Maryland

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Sunnyridge Cemetery

Crisfield. Md.

24a. REC'D BY REGISTRAR
DATE SEP 2 8 '59

24b. REGISTRAR'S SIGNATURE

(Stote)

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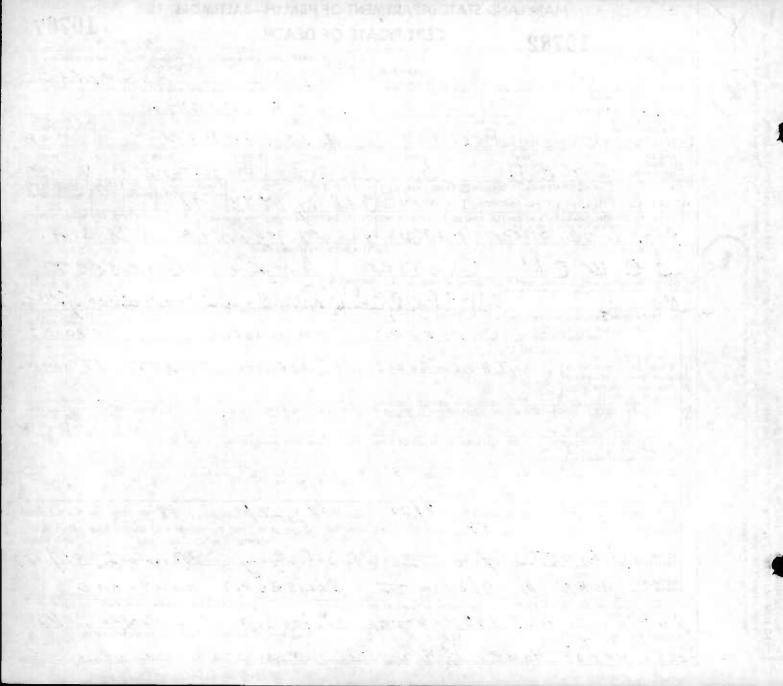
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	8
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MANIEAND.	STATE DELAKTMENT OF TEACHT DALTIMO	1076
10781	CERTIFICATE OF DEATH	Reg. Dist. No.
	2. USUAL RESIDENCE (Where deceosed lived. I	f institution: Residence before admission

1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (W. a. STATE Mary	there deceosed land	lived. If institution b. COUNTY	Wicon	efore odmis	sion)
b. CITY OR TOWN RURAL and give r	If autside corporate limits, write earest tawn) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond give	nearest taw	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street 847 Brown Bt		d. STREET ADDRESS	Brown	St.		ON	SIDENCE A FARM? NO L
3. NAME OF DECEASED (Type or print)	First JOHN	Middle JOSEPH	Lost CEDARS	4. DATE OF DEATH	Mon SEP		Day	Yeor
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH	7	9. AGE (In years last birthday) 61 yrs.	Months Do		1
Painte.	ON (Give kind of work dane 10b king life, even if retired) P House	. KIND OF BUSINESS OR INDI		e or foreign co	untry)	12. CITIZEN	Cana	1.
John C			14. MOTHER'S MAIDEN					
	ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	. SOCIAL SECURITY NO.	Mary -( INFORMANT PS. Marion L Salisbur	.Ceda	rs(Wife	)847 E	rown	St
Conditions, if a gove rise to couse (o), stating lying couse last.	mmediote (	typeten	Cyr Cyr	dis c	deen	h		
CATIC	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART I(	PERF	AUTOPSY ORMED?
I ≃ I OR CONTRIBUTING	AS UNDERLYING (20b. DES G (20) CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I ar Part	II of item 18.)			
20c. TIME OF INJU Hour a.m. p.m.	While		PLACE OF INJURY (Hame, far octory, street, office bldg., et		or town)	(Cour	nty)	(Stote)
ACTUAL SIGNATURE	r. Andrew C.	fchil	A A	ADDRESS (Str	the causes an		ate state DA	d above. TE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify	Sept. 11 /5	22c. NAME OF CEMETERY	or crematory Cemetery	22d. LOCAT	ION (City, town,	or county)	(Sto	
23. FUNERAL DIRECTOR HOLLOWAY		ADDRESS	24a. REC	EP 1 0 '5	RAR 24b, REGI	STRAR'S SIGNA	ATURE	100

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# MARYLAND STATE DEPARTMENT, OF HEALTH—BALTIMORE, 18

Items 22, Film G249 10/2/59 iwit

Reg. Dist. No

1	1. PLACE OF DEATH o. COUNTY Wile
/	b. CITY OR TOWN (If ou RURAL and give neares

MARYLAND

Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester

comico tside carporate limits, write c. LENGTH OF STAY IN 1b lisbury

162 days

c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Cambridge

d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Deer's Head State Hospital

d. STREET ADDRESS 11 Park Lane e. IS RESIDENCE ON A FARM? YES NO

3.	NAME OF DECEASED	Fire	st	Middle		Last		4. DATE	Mon	th	Day	,	/ear	
	(Type or print)	Mary		M.	Coleman			OF DEATH	Septer	nber	17th	, 1	9	59
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH					RIYEAR	IF UNDE	R 24 H	IRS.
	Female	Negro	WIDOWED 🖔	DIVORCED [	Nov.	30,	1878		80 yrs.	Months	Days	Haurs	Mi	n.
10	during most of war	ON (Give kind of work of king life, even if retired)  C WORKER	done 10b. KIND (	OF BUSINESS OR INI	DUSTRY 11. BIR		E (State of		ountry)	12. CI	TIZEN OF		OUNT	RY?
										_				_

Timothy Keene

14. MOTHER'S MAIDEN NAME Cornish

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO No

INFORMANT

Deer's Head State Hospital Records, Salisbury, Md.

1B. CAUSE OF DEATH [Enter or	nly ane cause per lin	e for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAU	JSED BY: CAUSE (o)	Bronchopneumonia	ONSET AND DEATH
450.0	DUE TO		
Conditions, if any, which	(b)	Arteriosclerosis, general	Years
gove rise to immediate cause (o), stating the under-	DUE TO		
lying couse lost.	(c)		
PART II. OTHER SIGNIFICA	ANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART I(a) 19. WAS AUTOPS
ζ		Anemia, cause undetermined	YES TO NO F

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour o. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.)

20e. PLACE OF INJURY (Home, form,

foctory, street, office bldg., etc.)

YES NO

20c. TIME OF INJURY Year

20d. INJURY OCCURRED

ot work at work

Nat while

(County) (Stote)

21. I certify that I attended the deceased from.\_\_\_ April 8, 1959, to Sept. 17, 1959, that I last saw the deceased 59 , and that death accurred at 1:45M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote)

ACTUAL

MEDICAL

Deer's Head State Hospital

20f. (City ar town)

PHYSICIAN'S NAME (Type)

V. Juerman, M. D.

Salisbury, Maryland

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Waugh Cemetery Cambridge, Maryland **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE

DATE SEP 2 9 '59

may be retained by the TO FUNERAL DIRECTOR: page 3 should be VS A15 (4) 1SM 9/5B

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	and the fi		Frankischen hoer algeri
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Mind In America	Action of self-beat places		
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			Title price
Mark - Lot	gaot math have a first most	1 111	Carlotte Santa
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min Links Land			and and other and the

			10794	CERTI	FICATE OF D	EATH	Reg. (	10770 Dist. No.
M	1.	PLACE OF DEATH  D. COUNTY  Wicor	mice	MARYI	A STATE	ENCE (Where deceased li	b. COUNTY	ence befare admission) Lcomico
68		b. CITY OR TOWN (If ou RURAL and give nearer Salis	otside carporate limits, st tawn) Sbury	write c. LENGTH OF STAY I		OWN (If autside carporate Salisbury	e limits, write RURAL and	d give nearest tawn)
X		d. NAME OF HOSPITAL ( OR INSTITUTION	(If not in hospital, give		d. STREET A	DDRESS Division	n St.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	LOUISE	Middle MTLLER	COLVIN	OF	Month September	Day Year 14 1959
	F	Emale V	WHite w	MARRIED NEVER MARRIE	April 14	1891	last birthday) Manths	ER 1 YEAR IF UNDER 24 HRS.
	_	Grecer	(Give kind of wark dar life, even if retired)	ne 10b. KIND OF BUSINESS OF Retail	Penr	sylvania	itry) 12. C	U.S.A.
)			Miller			MAIDEN NAME  Louise B ri	nker	
	(Ye	WAS DECEASED EVER IN I, no. or unknown  (If ye	NU. S. ARMED FORCES  IS, give wor or dates of service  ***********************************	S? 16. SOCIAL SECURITY NO.	John F. Co	lvin	Address Same	
		PART I. DEATH Y	WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c).]	ac f	alure		INTERVAL BETWEEN ONSET AND DEATH
	NO	Conditions, if any, gave rise to imme cause (o), stating the lying cause last.  Part II. OTHER:	ediate under- (c)_	Alberity TIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	Lettes THE TERMINAL DISEASE C	ONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
0	CERTIFICATION	20a. ACCIDENT WAS U	NDERLYING [] 20 CAUSE OF DEATH	b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	injury in Part I ar Part II	of item 18.)	PERFORMED? YES NO
	MEDICAL C	(IF EITHER, NOTIFY MED 20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year	20d. INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJURY (Infactory, street, affice	dame, farm, 20f. (City or bldg., etc.)	lawn)	(County) (State)
		21. I certify that alive an	1 attended the de		death accurred at.	8:30 M, from 1	the causes and an	l last saw the deceased the date stated above.
		ACTUAL SIGNATURE	193	Down!	K.M.D. Mes	ADDRESS (Street	et, city or lown, state)	My 9/Ke/59
1	270	PHYSICIAN'S NAME (Type) WI	lliam B. SA		Medic	al Cemter,		
8	B	PEMOVAL (Specify)  FUNERAL DIRECTOR'S SI	9/17/1959		Memorial Par	k Sal	N (City, town, or county)	ryland
	0 63	I DIVERVE DIRECTOR 2 21	LNIALURE	VDDKE22		240. REC'D BY REGISTRA	R 24b. REGISTRAR'S S	IONATURE

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# FOR STATE HEALTH DEPT

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TO DEPUTY NEXCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it essays please execute the ficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer, rector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1079 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10771 No.

-		40400					it og i	
	LACE OF DEATH					Where deceased live	: /	sidence before admission)
		licomico .		MARYLAND	o. STATE Mai	ryland	b. COUNTY	4RFORD"
b		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside corporate l	imits, write RURAL	and give nearest town)
	Salish	דייוונ		N.O.A.	Belai	r	123	32-2
d			nat in ha	spital, give street address)	d. STREET ADDRESS			e. IS RESIDEN ON A FARM
	Per	ninsula Ge	nera	al	421 Ba:	rnes St.		YES NO
- 1	NAME OF DECEASED Type or print)	Fin Char]		Middle GILBERT	Cooley	4. DATE OF DEATH	Month 9-	5- 1959
5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH			DER TYEAR IF UNDER 24 H
	M	W	WIDOWE	D DIVORCED	SEPT. 1918	X C/	9 yrs. Months	s Days Hours Min.
10a	USUAL OCCUPATION	ON (Give kind of wark d	ane 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. (	CITIZEN OF WHAT COUN
	Attorne	v at Law		Law	MO		E CENTA	USA
13.	FATHER'S NAME	0			14. MOTHER'S MAIDEN	NAME .		
	AMBRO	SE CO	OL	EY	CARRIE	A. H.	UGHES	
15.  Yes.	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. H	NFORMANT	in 10 10	Address /2	1 1 11
1	IES	WORLD WARE	1 2	13-38-6380/11	rs. Elsie	N. C. 600.	LEY D	ELAIR MO.
		TH [Enter only one caus	e per line	fg(), (b), and (c).]	0	(		INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(	ioron u	occh	mand		Julle
	420.0	DUE TO	0	0-	1	)	1 <	
	Canditions, If a		1	Similar Ac	turlie!	hen &	chrew	1000
	gave rise to immer	diate cause		7,00				1
	(a), stating the cause fast.	DUE TO						
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN P	
CATION		4.						YES NO
CERTIF	200. EXTERNAL CAL PRIMARY [] or COI CAUSE OF DEATH.	USE WAS NTRIBUTING [] 201	o. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature of injury in Pa	rt I or Part II of item	18.}	
WEDICAL	20c. TIME OF INJUI	RY Month, Doy, Yea	7 20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, for	m. 20f. (City or tow	n) (	(Stot
VED	Haur a, m. p. m.	19	While	e Not while facts	ory, street, affice bldg., etc	-)		
~				remains described aba	ve held an Auton	sy [], Inspect	tion [4] Ina	wiry [9] and in
		resulted from: N		_/		Homicide .	Undetermined	
		1 0.	1					
	ACTUAL SIGNATURE	tout	15	~~/	M.D. CHIEF MEDICAL E	XAMINER [		DATE SIGNED
				X	ASSISTANT MEDIC	AL EXAMINER		
	EXAMINER'S NAME (Type)	Earl L. R	oyer	, M.D.	DEPUTY MEDICAL	EXAMINEN	9-5-59	
220		N, 226. DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY	224 LOCATION (C	Lity, lown, or county	y) (State)
1:	REMOVAL (Specify)	7-SEPT	1959	ROCK RUN	CEM.	HARFO	RO	MP
23	EUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS	10 MD+ 240. REC	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE
17	MADIS	ON MIT	CHE	LL HAVRE DE	FRACE DATE S	EP 9 '59	Cireling	& Krans

#### FOR STATE HEALTH DEPT.



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is ressary, please execute the ficase, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 ta the funer ector. Page 4 should be, warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Baard af Health, or its designated agent, prior to burial, cremation, ar removal, and in any event, within 7 haurs after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10772

	10796			Reg. Dist. No.
	I. PLACE OF DEATH	2. USUAL RESID	ENCE (Where deceased lived. If instit	
1	o. COUNTY Wicomics	MARYLAND 0. STATE	Delzware b. COUNT	" Swssex V
1	b. CITY OR TOWN (If outside carporate limits, write BURAL and give nearest town)	OF STAY IN 16 c. CITY OR TO	OWN (If outside corporate limits, write	RURAL and give nearest town)
,	Salisbury hor	un 0	coan view	46 x-3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree	t address) d. STREET AD	DRESS	e. IS RESIDENCE ON A FARM?
1	Peninsula Deheval	Ge	reax View	YES NO
	3. NAME OF Pirst Mi	iddle Lost	4. DATE Mont	th Day Year
	(Type or print)	Dawson	DEATH 9	1 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BIRTH	9. AGE (In years lost birthday)	IFUNDER TYEAR IF UNDER 24 HRS.
	WIDOWED DIV	ORCED 10-4-		Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINI during most of working life, even if retired)	ESS OR INDUSTRY 11, BIRTHPLAC	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Muchant Store	afec	deen Setlars	21.8.
	13. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME	
	Drwson	Hes	a France	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  (If yes, give war or dates of service)	TY NO. 17. INFORMANT	Address	
	70- 192-09-	0523 Mary La	wron - Olen	Charer - Sel.
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and	(c).]	0	INTERVAL BETWEEN ONSO AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	bust Herm	onlinge	home
	443× DUE TO 11.	2	110	
	Conditions, if any, which) (b)	entenema C.	V. Hyperna	- year
	gave rise to immediate cause (a), stating the underlying DUE TO			
	cause last. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	90 128		YES NO D
	E 20g. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INTURY	OCCURRED. (Enter noture of injur	y in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCUR. Hour a. m. p. m. 19 While Not whi at work of work	forten street affine to	me, form, i 20f. (City or town)	(County) (State)
	Hour a. m. While Not whi p. m. 19 at work of work		95 61.7	
	21. I certify that I taok charge of the remains des	cribed obove, held an A	Autapsy . Inspection	, Inquiry , and in my
	apinion death resulted fram: Natural causes 14.	Accident , Suicide	, Hamicide , Undete	ermined manner
	00.0			
	ACTUAL SIGNATURE E	M.D. CHIEF MEI	DICAL EXAMINER	DATE SIGNED
5	~ · · · · · · · · · · · · · · · · · · ·		MEDICAL EXAMINER	0,00
	EXAMINER'S ENVILONE	DEPUTY M	EDICAL EXAMINER	1-1-5
		CEMETERY OR CREMATORY	22d. JOCATION (City, town,	pr county) (State)
	Durial 9/4/59 There	Leterias Che	challen !	ww Del.
	23. FUNEDAL DIRECTOR'S SIGNATURE ADDRESS	1 0 1 2		STRAR'S SIGNATURE
	Tought James - Mills	La - 2/1	DATE SEP 8 '59	rthung & Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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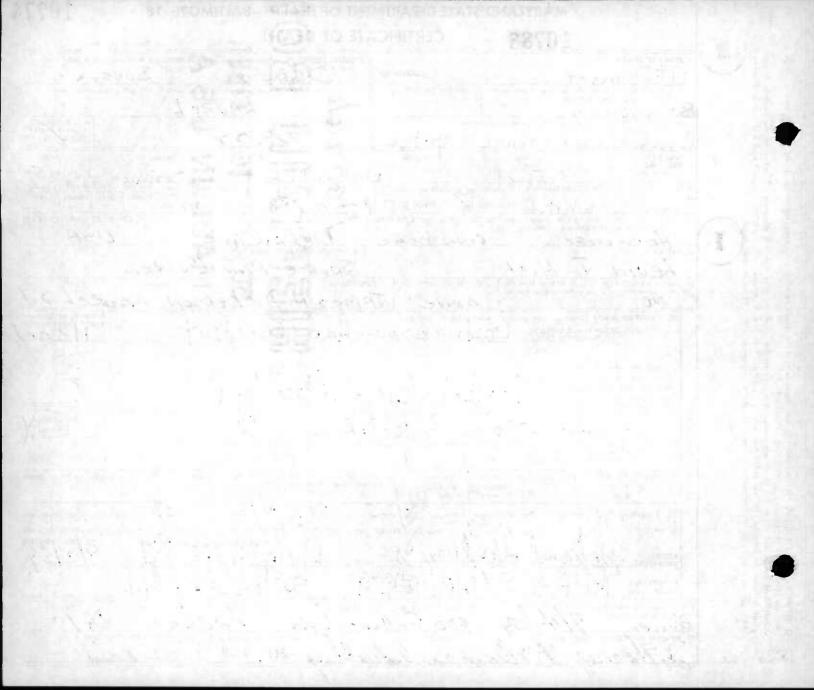
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CENT	ILICA	IE OF	ULP	

Reg. Dist. No. 10773

		10783	7	CE	RTIFICA	ATE	OF DEAT	Н		Reg. D	Dist. No	106	. 0
c	PLACE OF DEATH D. COUNTY	i comi co			MARYLAND	On On	SUAL RESIDENCE (W STATE TVOLAND	here decease	ed lived. If institut b. COUNTY WICOM		ence befo	ore odmis	sion)
t	RURAL ond give no	outside corporate time arest town)	its, write	c. LENGTH OF	STAY IN 16		CITY OR TOWN (IF	-367			give ne	arest tow	n)
	OR INSTITUTION	AL (If not in hospital,		oddress)		/ d	. STREET ADDRESS	sbury				ON A	SIDENCE A FARM?
3. 1	NAME OF	Fi			Aiddle		837 Coop	4. DATE	Mor	ab.			V
(	DECEASED Type or print)	MARV	IN	H	AMILTON	I D	ENNIS	OF DEATH	0	110	Do		19 <sup>59</sup>
<b>5</b> . S	EX	6. COLOR OR RACE	7. MARE	RIED T NEVER A	AARRIED		E OF BIRTH		9. AGE (In years		-	+	ER 24 HRS.
	male	White	WIDOW	ED DIV	ORCED	No	v. 6,1910		lost bigthdoy) 48 yrs.	Months	Days	Hours	Min.
10a.	during most of work	N (Give kind of work ing life, even if retired	1			STRY 1		ar fareign o	country)	12. C	U.S.		COUNTRY
10	Carpenter FATHER'S NAME		Ce	onstruct:	Ton		Maryland				0.0.	A.	
							MOTHER'S MAIDEN						
		nnis					Lizzie Ti	ndall					
		R IN U. S. ARMED FOR		SOCIAL SECURIT	AL.	NFORM				lress			
	No		22	20-10-96	OK MI	rs E	lizabeth	S. Der	mis, Sam	•			
		TH [Enter anly one co		ne for (p), (b), on	id (c).]		1 2	V . 1	A		INT	ERVAL BI	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	. /	mi	ca	200	eal &	MA	grown		ON	SET AND	DEATH
	420.1	DUE TO		7				1				•	100
П			•										
	Conditions, if or	nmediate	,										
	couse (a), stoting t		)										
_	lying couse lost.	) (	:)										
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING T	O DEATH BUT	NOT R	ELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	/EN IN PA	RT 1(0)	PERFC	AUTOPSY DRMED?
T. I	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	JRY OCCURRE	D. (Ente	er noture of injury in	Port I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	or 20d. If While at wor	NJURY OCCURRE	D 20e. PL/	ACE OF	INJURY (Home, farr reet, office bldg., etc	m, 20f. (Cit	y or tawn)		(County)		(Stote)
	21 Leastifu th	at Vattended the	decoar	ad from	lack.	<	10,59 to X	Sul	5 10 5	94-1	1		deceased
		Al all	Deceus	64	July 1		1727, 10						
	alive an	111-65	., 192	, and	that death	occu	rred at		m the causes o		the da		
	ACTUAL	Fille	un	Win	ay	M.D	fal	esh	street, city or town,	stole		9/6	ATE SIGNER
	PHYSICIAN'S NAME (Type)	r. Wm. D.	Gray	334 Cam	den Av	e.,	Salisbury	, M <sup>A</sup> ry	yland				
220.	BURIAL, CREMATION REMOVAL (Specify) Burial	9/8/59	F	22c. NAME OF Spring			Gardens	Spring	TION (City, town,	ryl:	and	(Stal	le)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIS	TRAR 24b. REGI	STRARIS S	IGNATH	RE	
	Hill & Joh	mson Co. S	Salis	bury. M	ryland		DATE	SEP 11	59	Unthing	2. 10	raid	

VS A15 (4) 15M 9/55

			RTHS WAR DOWN
	brat and		ALCOHOL MANAGEMENT
	Legal Albania (1987)		
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	No. of Particular Street, St.		
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		CAMBAR - ACT	EAST TO THE REAL PROPERTY.
		Transmission (1)	
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# FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is essary, please execute the ficase, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funes rector. Page 4 shauld be recovereded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained. For your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the State Board af Health, or its designated agent, priar to burial, cremation, or removal, and in any event within 72 haurs ofter death.

VS. A15ME 3M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11061

Item	18 <sup>&amp;</sup> Film	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,	18 1196
	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Rea. Dist. No.

	10789	Item	4 Film	6250 I	0-14-59	et	EOF	DEATH	Reg.	Dist. No	o.	
1. PLACE OF DEATH	Wicomi	co		MARYLAND	2. USUAL RES	-	here decesse	d lived. If institu		dence be		ission)
b. CITY OR TOWN and give nearest to Salis		e RURAL	c. LENGTH OF	STAY IN 16	c. CITY OR		outside corpo	orote limits, write	-			wn)
	PITAL OR INSTITUTION			oddress)	d. STREET						ON	ESIDENCE A FARM?
3. NAME OF	ula Genera		pital	11	1031	1						] ио []
(Type or print)	Samue	1 Wo	odland		Dixon		OF DEATH		8-59	-	1	Year 19
5. SEX	6. COLOR OR RACE	7- MARRIED		RCED   8.	DATE OF BIRTH	10		9. AGE (In years lost birthday) 49 yrs.	Months	Days	Hours Hours	Min.
during most of wo	ATION (Give kind of work thing life, even if retired)	done 10b. KII	by Busines	S OR INDUST	RY 11. BIRTHPY	ACE (Stote of	ce foreign con	unity)	12. CI	TIZEN O	5 A)	COUNTRY
13. FATHER'S NAME					14. MOTHER'S		AME					
[Yes, no, er unknown]	EVER IN U. S. ARMED FO	use per line fo		673 7	Mary	( )	Zen	Address NS & 20	/	ONS	RYAL BETWI	ATH
Conditions, if gave rise to im (a), stating the couse tost.	IMMEDIATE CAUSE (o  DUE TO  ony, which mediate cause	A	s C V D		heart	fail	ure				Sudd Year	
PART II. O	OTHER SIGNIFICANT CON	DITIONS COM	NTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PA			AUTOPSY DRMED? NO
	ONTRIBUTING 🗆	Describe	HOW INJURY C	OCCURRED. (E	nter noture of in	jury in Part	l or Part II o	of Item 18.)				
20c. TIME OF IN	m.	While	Not while	focto	E OF INJURY (Fory, street, office	iome, form, bidg., etc.)	20f. (City	or town)	(C	ounty)		(Stote)
	that I took charge th resulted from:				_	_	, Instantion	spection	, Inquermined	, _	_	ıd in my
ACTUAL SIGNATURE	tull	K	~		_M.D.	EDICAL EXA	AMINER []				DATE S	SIGNED
EXAMINER'S NAME (Type)	Earl L	R	byer,	M.D.	DEPUTY	MEDICAL E	XAMINER 4		4	1-30	7-50	7
KEMOVAL (Spec	USLA+31	1-59	12c. YUME OF C	EMETERY OR	CREMATORY	1	22d. LOCATI	ON (City, 16WA,	or county)	m	Stot	e)
23. FUNERAT DIRECT	OR'S STONATURE	of and	ADDRESS			240. REC'D	BY REGISTR.			& Kin		

and the same of th THE PROPERTY OF THE PARTY OF TH

DIRECTOR D FUNERAL I n 0

PHYSICIAN'S NAME (Type)

HOLLOWAY &

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 9/58

page

ADDRESS SALISBURY MARYLAND

22c. NAME OF CEMETERY OR CREMATORY

Parsons Cemeterv

Dr. Ernest M. Larmore

Sep. 26, 1959

COMPANY

24g. REC'D 8Y REGISTRAR

Delmar. Delaware

24b. REGISTRAR'S SIGNATURE

PHONE

Salisbury, Maryland

22d. LOCATION (City, town, or county)

DATE SEP 2 9 '59

(County)

e. IS RESIDENCE ON A FARM?

Day

23rd

USA

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO NO

(Stote)

(Stote)

YES NO IN

Yeor

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TASSEC CHIRECATE OF SIATE Sellenger (Hereil) The trace of the AND STREET STREET STREET Maria 27,349 70 Maria established Vester in cateer Determined to . Co. ) 14. I if So. (hagen at) the past) (1.1.1-1.11) econoried resident compact il spensor of William Antique, 24, 1959 I special Constant Deliver, No. 1951 Entrepland THE REPORT OF THE PARTY OF THE

#### 10790 CERTIFICATE OF DEATH I directar, filed with 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND 100mico funerol b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest tawn) shauld 15 he d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS by 2 Teninsula Genera pup 2 NAME OF 4. DATE Middle Manth filled DECEASED DEATH (Type or print) Poges D12 1 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) WIDOWED | DIVORCED cample 0 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death during most of working life, even if retired) pup pou offer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cork physician hours remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending edse 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) **DUE TO** þ Conditions, if any, which (b) signed gave rise to immediate per **DUE TO** cause (a), stating the underlying cause last. burial-transit physicion has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificate 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year factory, street, affice bldg., etc.) Hour a.m. While Not while at work at wark attended the deceased fram. 21. I certify that I and that death accurred at\_ M. fram the causes and an the date stated above. DIRECTOR ADDRESS (Street, city or town, state) ACTUAL Medical pe SIGNATURE pri 0 shaul PHYSICIAN'S .GILMORE.M.D FUNERAL NAME (Type 22d. LOCATION (City, tawn, or county) 22a. BURIAL, CREMATION. 22h. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) 0

**ADDRESS** 

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 1.0776

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO TH

(State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

24b. REGISTRAR'S SIGNATURE

arthur & Krans

that I last saw the deceased

e. IS RESIDENCE

ON A FARM?

YES NO

Year

1959

Months

Address

24g. REC'D BY REGISTRAR

DATE SEP 1 6 159

102是位 CENTIFICATE OF MATERIAL The same of the sa 211-y-240 and a second second A STREET, STRE Madrey Contex TOWNS J. GIRMOPE, M.D. SAMISBORY, MARYLAND 

may be retain TO FUNERAL D. TO HOSPITAL

VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10791

## **CERTIFICATE OF DEATH**

Reg. Dist. No.10777

						nog. ois	. 11002	3		
1. PLACE OF DEATH o. COUNTY	licomico	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary.		b. COUNTY	n: Residence		sion)		
B. CITY OR TOWN RURAL ond give of	(If outside corporate limits, write easest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  St. Michaels							
	TAL (If not in haspital, give street  S Head State Ho		d. STREET ADDRESS	dson Ave	nue		ON A	SIDENCE A FARM?		
3. NAME OF DECEASED (Type or print)	First Blanche	Middle H	lost Gates	4. DATE OF DEATH	Mani Septem		Day	Yeor 19 59		
5. SEX Female	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH April 9, 18		AGE (In years lost birthday) O yrs.	IF UNDER 1	YEAR IF UND			
Hous	ON (Give kind of work dane 10b.		USTRY 11. BIRTHPLACE (Stole St. Mic	or foreign count	(v)	12. CITIZ	USA	COUNTRY		
13. FATHER'S NAME	- Unalcine		14. MOTHER'S MAIDEN NAME Margaret Johnson							
	Huskins ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	arec Jon	Addr					
(Yes, no. or unknown)	[If yes, give wor or dates of service)	217-03-6095A	Hospital I	Records,			Md.			
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (a), (b), and (c).] Diabetes melli	tus				INTERVAL BE ONSET AND Year	DEATH		
Canditions, if a gove rise to i couse (o), stating lying cause last.	mmediate (									
3 Arter	HER SIGNIFICANT CONDITIONS C	diovascular d	isease; arter	iosclero	sis, ge		PERFC	AUTOPSY ORMED?		
	AS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II	of item 18.)		I TIL			
20c. TIME OF INJUI Hour o. m. p. m.	While	NJURY OCCURRED 20e. P  Not while for the control of work     Not work	LACE OF INJURY (Home, forn actory, street, office bldg., etc	m, 20f. (City ar	town}	(Co	ounty)	(State)		
actual SIGNATURE	Merrican	9, ond that deat	h occurred of 11:30	ADDRESS (Street Head Sta	ne couses and city or town, stee Hosp	nd on the		ed above		
PHYSICIAN'S NAME (Type)	V. Juerman,			ury, Mar						
RENOVAL (Specify)	9/11/59	22c. NAME OF CEMETERY C	halks, Cem.	8x.7	Much	allo	(Stot	· l.		
23 FUNERAL DIRECTOR	& Da hill	BODRESS CONTRACTOR		D BY REGISTRAR		TRAR'S SIGN				

PLANTING STATE CERAPITATION OF REALTH DAILY COLLEGE. 1,1433Exm15 ./E light of the state The state of the s he registrar within 72 hours after death. After this the by the funeral director, the third copy of this

O FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

10792

10778

Reg. Dist. No...

1. PLACE OF DEATH			2. USU	AL RESIDEN	CE (HOME) OF DI	ECEASED			1
COUNTY Wicomico		MARYLAND	STATE	Marvan	d COUNTY	More	peter	·	
CITY (If outside corporate limits, write I OR end give neerest town) TOWN	RURAL	LENGTH OF STAY (in this plece)	CITY OR	(It outside corpore	ete limits, writa RURAL a	nd give near			
HOSPITAL OR Pine Blut	ff State F	lospital	STREE ADDR	T	(ii rurel giv				
29TT200L/	r. Marylar			PFD #3		.4.1	76		
3. NAME OF DECEASED (Type or Print)	ш	Middle)	(Last) Grav		4. DATE (Mon		(Dey)	(Year	
	7. SINGLE, MARRIE	D, 8. DA	TE OF BIRTH 18	388 9	. AGE last birthday	" IF UNDER	1 YEAR	IF UNDER	24 HRS.
Male White	(Specify)Mari	ied De	c. 25,-13	85	_32 70 yrs.	Months	Deys	Hours	Min.
10e. USUAL OCCUPATION (Give kind of wo done during most of working life, even retired)  Parmer	il OR	O OF BUSINESS INDUSTRY Arming	11. BIRTHPLA	CE (State or foreig	n country)	12.	COUNT		ιT
13. FATHER'S NAME	1 2.0	AT MILITY		THER'S MAIDEN N	AME		UUE		
Joshua Gray	7				Henderson				59
15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO		INFORMANT & A					
(Yes, no, or unk.) (If Yes, give wer or dete	s of service)	None	Re	cords of	Pine Bluff	State	e Tos	mita	7
			CERTIFICATIO	N	, to		INTER	VAL BETW	EEN
I DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH						ONS	T AND DI	AIH
002 X IMMEDIATE CAUSE	(A)	Pulmonary	Tubercul	osis			2	mos.	
DISEASES OR CONDITIONS, IF ANY,	JE TO  (B)  JE TO  (C)  RIBUTING								
TO THE DEATH BUT NOT RELATED TO THE						March.			
	MAJOR FINDINGS	OF OPERATION	101-61				20. YES	AUTOPS	Y?
21e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. PLACE (Home OF INJURY street, o	, ferm, fectory, ffice bldg., etc.)	21c. WHERE DI	ID INJURY OCCUR	? (City or town)	(Count	γ)	(Stete)	
21d. TIME OF INJURY (Month) (Dey) (Y	eer) (Hour) 21e. While M. et wo		21f. HOW DII	D INJURY OCCUR	7				
22. I hereby certify that I atteralize on Sept. 22, 19.									eased
CIGNATURE		that death occurre		ADDR	ESS (Street, city, town	n, state)	D	ATE SI	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	THEREOF				LOCATION (City, town				
Burial 9-2	25-59	Holly Gr	ove Meni	nonite	Rural Wes			aryl	and
	LAN'S SIGNATURE	1	25. FUNER	A DIRECTOR'S S	Malson	Poca	MODRESS	le	Tud

ST. HIGHTEANS STATESTERNITH OF HARTH-DARKEN ONE, TE CERTIFICATE OF DEATH and an earlier tests of Art. To the wife ... Old ... The ... Applicate stock or the section of the Artist of the SOMETHINGS OF SECURITY OF STREET, AND SECURITY OF SECU

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VS A1S (4) 1SM 9/SS

ending physician.	the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filled with or removal, and in any event within 72 hours after death.
d by the attending phy	the burial-transit permit. Then please remove carbon pape or removal, and in any event within 72 hours after death.
ending physician. ficate has been signed	the burial-transit perr

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-B	ALTIMORE,	18
		CENTIEICATE	OF	DEATH		

		107	03	CERTI	FICA	TE OF D	DEATH	1		R	eg. Dist.	No. 1	1779
1.	PLACE OF DEATH  a. COUNTY  Wico	mice		MARY	LAND	2. USUAL RESI	DENCE (Wh			YTHUC	Residence		nission)
	RURAL and give ne		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR							own)
-	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital,	give street o	oddress)	•	d. STREET A		alisb	nry.			e. IS	RESIDENCE N A FARM?
		Hill Sanita	arium			235 N	orth	Boule	vard				NO P
	NAME OF DECEASED (Type or print)	ROSSELLA	rst	Middle HUSTON		GREAF		4. DATE OF DEATH		Month		Day 20	Year 19 <b>59</b>
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED T	B. DATE OF BIRTI			9. AGE (In			EAR IF UN	NDER 24 HRS.
	Female	White	WIDOWE	hand	Parent	July 27	, 188	5	lost birt	yrs.		ays Hau	
100	during most of work  House Wi:	ON (Give kind of work ing life, even if retired	)	KIND OF BUSINESS O	R INDUS		Lawar		ountry)		12. CITIZE	IN OF WH	IAT COUNTRY?
13.	FATHER'S NAME			HIL TIONGO		14. MOTHER'S					1	U.a.Da.	
	Irvi	ng R. Huste	in			T	ouise	C. Ta	arrimo	me			
	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT				Address			
	NO	*****		NONE		Carl T.	Graef			SAME			
MEDICAL CERTIFICATION	Conditions, if or gave rise to ir couse (a), stoting t lying couse lost.  Part II. OTH	nmediate (	97	Hypur ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	C)	E CONDITIO	ON GIVEN	IN PART 1	PER	AS AUTOPSY AFORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature o	f injury in P	ort I or Par	t II of item	18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. IN While of work	IJURY OCCURRED Not while of work	20e. PLA fact	CE OF INJURY ( lory, street, office	Home, form, e bldg., etc.	20f. (City	or town)		(Cou	enty)	(Stote)
	21. I certify the alive an	at I attended the	decease , 1962 Sm	Smith	death K	accurred at	1. au	M, france of the content of the cont	Shy	uses and	an the		ne deceased ated abave.  DATE SIGNED
220	BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEM	ETERY OR			22d. LOCA		town, or c	aunty)	(5	itate)
	BURIAL	10/2/19	59	Parsons (	Cemet	tery		Sa	ilsbu	У	M	aryla	nd
23.	FUNERAL DIRECTOR'S	s signature	Sal	ADDRESS	rvlar	nd	24a. REC'D	BY REGIST	IRAR 24b	REGISTRA	AR'S SIGN		
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1078()

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Wicomico Maryland b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Juantico (Rura) Quantico(Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.D.# (Quantico Rd R.D.#(Quantico Rd) YES T NO T 3. NAME OF 4. DATE Middle Year DECEASED OF DEATH MYRTLE T.ET GRIFFIN SEPT 6th (Type or print) 19 6. COLOR OR RACE 7. MARRIED S. SEX 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED | 8. DATE OF BIRTH Months Hours Sept.15,1921 Female White WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Employee-Dress Factbry(Presser Clara, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Hayward Mae Austin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. J7. INFORMANT Abbott(Daughter)Baysinger Nancy iler Camp No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO [ 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Not while O Hour (a. m. at work of work 21. I certify that I taak charge of the remains described above, held an Autapsy XI, Inspection X Inquiry A and find that death resulted from: Natural causes , Accident , Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Dr. Earl L. Rover DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Bivalve Church Cemetery Bivalve, Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LOWAY & COMPANY SALISBURY MARYLAND DATSEP 1 0 '59 arting & types

VS. AISME(5) SM 9/SS

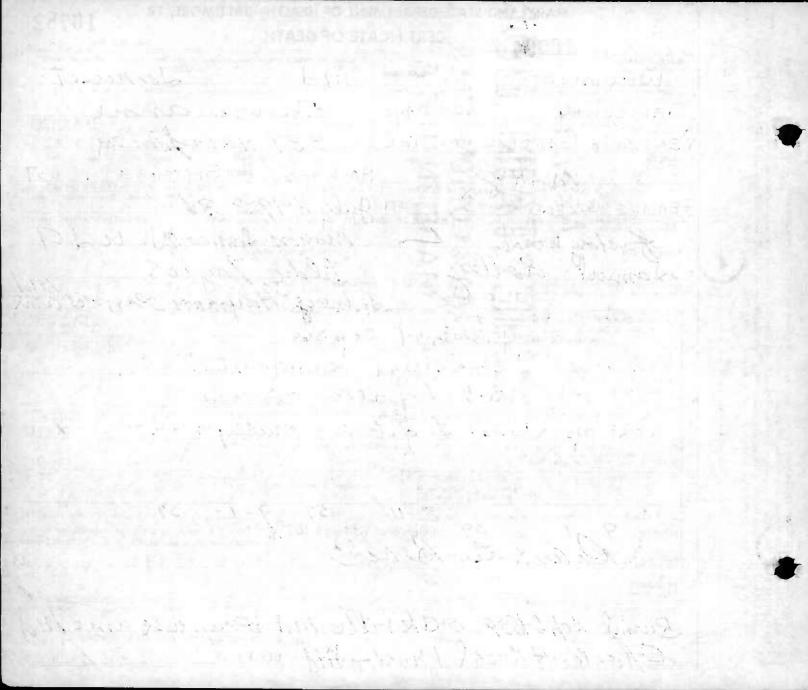
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	comico		MARYLAND	Mary	rland			comico		
b. CITY OR TOWN RURAL and give	(If outside carporate limit nearest town)	ts, write c. LE	NGTH OF STAY IN 16	c. CITY OR T	OWN (If	autside carpora	ate limits, write f	RURAL ond g	ive nearest to	wn)
	walkin		1 Hr.		oron					
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	give street address	5)	d. STREET AI	DORESS				ON	RESIDENCE A FARM?
NAME OF DECEASED	HENRY	81	Middle	Last		4. DATE OF DEATH	Mor	nth	Doy	Year
(Type or print)	Dee	-	LEE	Har			9		10	19 59
SEX	6. COLOR OR RACE	36	NEVER MARRIED	B. DATE OF BIRTH		9	lost birthdoy)		YEAR IF UN	The second second
Male	White	WIDOWED [	DIVORCED	Nov. 4.	1883		75 yrs.			
during most of wo	ION (Give kind of work orking life, even if retired)	done 10b. KIND (	OF BUSINESS OR IND	USTRY 11. BIRTHPL	CE (Stote	or foreign cau	intry)	12. CITI	ZEN OF WH	AT COUNTRY
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FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
Benjami	n F. Harmis			Joel	la Pr	ice				
WAS DECLASEDEN	/ER IN U. S. ARMED FOR		L SECURITY NO. 17.	INFORMANT			Add	fress		
no	(1. /42, 9.46 11.01 01.01 01.11	no	ne	Mrs. Edi:	th To	vlor H	arris, S	Same		
	EATH [Enter only one co		g), (b), and (c).]	11100	<u> </u>	/	4444	Jeano	INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY:	(1	2 On Mi	16 (V	CEN	1111	12		ONSET AN	ID DEATH
4201	IMMEDIATE CAUSE (a)		1	1		- Ca	2			
Condition		Chi & w	11. 11	1-1.10	11					
Conditions, if	immediate (		- Cruse	cuco	VI.	9				
couse (o), stoting										
lying cause last									1	
PART II. O	THER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	IT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
									YES [	NO
OR CONTRIBUTION	G   CAUSE OF DEATH I	206. DESCRIBE F	10W INJURY OCCUR	ED. (Enter noture of	injury in I	Port I or Port 1	I of item 18.)			
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)									
20c. TIME OF INJU Hour o.m.	JRY Manth, Day, Yea		1	PLACE OF INJURY (Hactary, street, affice	ome, form	.   20f. (City o	or tawn)	(Co	ounty)	(Stote)
p. m.	10	While Not wark a	lot while twark	aciary, sireer, arrice	olog., elc.	'				
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	that I attended the									
alive on	2/10/		and that deat	h accurred at_						
ACTUAL	111/1/1/	21111	2				et, city or tawn,	state)		DATE SIGNE
SIGNATURE	11 0100	ne	2	M.D. Sal					9	/10/59
PHYSICIAN'S D	r. Henry A.	Briele	Medical ce	heter Sal	isbur	y, MAr	yland			
	ON. 226. DATE THEREO	F 22c.	NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	ON (City, tawn, i	or caunty)	(S1:	ate)
REMOVAL (Specify	9/17 5	9	Siloam Cem	etem		Silea	A	land		
FUNERAL DIRECTO	R'S SIGNATURE		DDRESS		240. REC'I	D BY REGISTRA		STRAR'S SIGN	NATURE	4
Hill &	Johnson Co.	Salisbu	ry, Maryla		DATE	P 1 4 '59		Thus 9	Kana	
5	& Balsen				94					
7 6	- Julie									

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours defer death. Page 4 may be ret by the hospital at attending physician.

TO FUNERAL ARCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Talbot c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 X- 2 e. IS RESIDENCE ON A FARM? YES NO T 59 September 10 19 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY USA Address Hospital Records, Salisbury, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO (County) (State) Sept. 10 159 that I last saw the deceased 59\_\_, and that death accurred at 5:45A M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Deer's Head State Hospital PHYSICIAN'S Juerman, M. D. Salisbury, Maryland NAME (Type) 220. BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, towp, or county) (Stola) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SEP 1 5 '59 Cothung & Kraus

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Maria de la composición del composición de la composición del composición de la composición del composición de la composición del composic	
and well for the part of the contract of the first the first of the fi	
CONTROL OF THE STREET,	

CEPTIFICATE OF DEATH

10784

	L	10736	SEKTII ICA	L OI DLAII			Reg. Dist.	No.	
1	1.	PLACE OF DEATH  o. COUNTY	2	. USUAL RESIDENCE (WH	ere deceased liv		nı Residence	before admi:	ssion)
肾)		Wicomico	MARYLAND	Marylan	nd	b. COUNTY	icomic	0	
			OF STAY IN 16	c. CITY OR TOWN (If o					n)
			Irs.	2 Salisbur	v				
	Г	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			13	e. IS RE	SIDENCE
90		Sp. Hill Pr. Sani.		N. Div.	St.				NO The
		NAME OF First	Middle	Lost	4. DATE	Mon	h	Doy	Yeor
		DECEASED (Type or print) ELIZABETH	LONG	HEROLD	OF DEATH	6	C)	22	1959
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEV		DATE OF BIRTH	9. /	GE (In years	IFUNDER 1	~~	
			DU/000550 [7]	nl 21.1880	1	ost birthday) 70 yrs.	Manths Do	ys Hours	Min.
	100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BI			1	(7	12. CITIZI	EN OF WHA	T COUNTRY?
		during mast or working life, even if retired)							
	13.	Retired School School		Delaware			U.S	A.	
= 1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFO		unnell	Addr	PER		
E)	IYe	s. no or unknown) (It yes, give war or dates of service)							
	H	NO CAUSE OF DEATH ES		. Wm.S. More	Salisb	ury Md.			
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY:	), ond (c). ]	1	-1 1			INTERVAL B	DEATH
		IMMEDIATE CAUSE (a)	rascu	las rene	al qu	sien		3-5	1 4 4
		4-4-XX DUE TO							
		Conditions, if ony, which (b)							
		couse (o), stoting the under-							
	,	lying cause lost. ) (c)							
A	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1	(a) 19. WAS PERFO	AUTOPSY DRMED?
U	2							YES [	NO 10
	CERTI	OR CONTRIBUTING IT CAUSE OF DEATH	INJURY OCCURRED. (	Enter noture of injury in I	Port I or Port II o	f item 18.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	DICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU		OF INJURY (Hame, form y, street, affice bldg., etc.	, 20f. (City or t	own)	(Cou	inty)	(State)
	MEDI	p. m. 19 ot work at wor							
		21. I certify that I attended the deceased from		. 1955, to	9-22	195	that I las	t saw the	deceased
		alive on 9-71, 1959, a	nd that death o	ccurred at	•				
		1000	1		ADDRESS (Street,				ATE SIGNED
		SIGNATURE Hele h a fist	les M.C	Salisbu	ry M ry	land		9/:	24/59
1		BUNCIOLANIE			a				
- 1		PHYSICIAN'S NAME (Type) Dr. Phillin A. Insley	Salisbur	v. Marykand					
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME	OF CEMETERY OR C		22d. LOCATION	(City, town, o	r county)	(Sta	te)
		REMOVAL (Specify) Burial 9/24/59 Pres	byterian	Cemeterv	Lewis.				
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRE		24n PEC'I	D BY DECISTRAD		TRAR'S SIGN	ATURE	
Y		Hill & Johnson Co Salishum	w Md	DASEP	2 8 '59	arth	1 Le Hu	MA.	

Hill & Johnson Co. Salisbury, Md.

TO HOSPITAL may be ret TO FUNERAL VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10834

CERTIFICATE OF DEATH

10785

70007			Keg. L	71ST. 140.
1. PLACE OF DEATH d. COUNTY W1comico	MARYLAND	2. USUAL RESIDENCE (Where dec		ence befare admission) COMICO
b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest tawn) Fruitland	rite c. LENGTH OF STAY IN 1b		arporate limits, write RURAL and Rural)	d give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give son Institution Center St	street address)	/ d. STREET ADDRESS R.D.# 3		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) PAUL	Middle <b>C</b> •	HILL OF DE		20th 1959
36-3- 277 44	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH March 10,1923	9. AGE (In years last birthday) 36 yrs. IF UNDE	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Timber Cutter	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or forei Melsons (Wic		TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Harland W. Hill	NA COSTA PER AND TO A COSTA PARA	Lula Ethel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  YES  (If yes, give wor or, dates of service)  W.W.#II	M.	rs. Martha J. Hi Maryland	11(Wife) R.D.,	#3 Delmar
1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far (a), (b), and (c).]	Alirombos	is	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which ) (b)	Commery	Alirombos	sis	2
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  (b)  (b)  (c)				
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 📉
	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of Vilury in Part I at	Part 11 of item 1B.)	
Haur a.m.	20d. INJURY OCCURRED 20e. PL While Nat while fo It wark at wark	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	(City ar tawn)	(Caunty) (State)
21. I certify that I attended the dealive an Alfred		accurred at 3:00 R, from	195, that I	last saw the deceased he date stated abave.
ACTUAL SIGNATURE	Sohler	M.D. 303 East	to total of lawn, store	pt. 2/ 1959
PHYSICIAN'S Dr. L.V.Seh]	Ler	Delmar, Mary	land	
220. BURIAL, CREMATION, 22b. DATE THEREOF Sept. 23/1	22c. NAME OF CEMETERY O		CCATION (City, town, or county) Clsons(Wico.)	
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY	ADDRESS SAT.TSRILRY MARY	VT.AND 24g. REC'D BY RE		

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had ter death. Page 4 may be retained by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after dooth. VS A1S (4) 1SM 9/SB

The 1801 the same of the same and the second transfer of the Managara to L.V. Sobler Control Control Part 1 Jept. 25/1950 | Palacen vencent del co. Co. Co. Co. The Land Company of the Company of t

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AND STREET STREET				
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VS A1S (4) 1SM 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10798 CERTIFICATE OF DEATH

	Dist.		1	0	17	Q	12
Ren.	Dist.	No.	1	U	6	C	6

o. COUNTY	comico		MARYL	AND	2. USUAL RESIDENCE (WHO a. STATE Maryl		ived. If instituti b. COUNTY		befare adm OMICO	issian)
b. CITY OR TOWN (IF RURAL and give not Sa.1	outside carporate limi arest town) 150ULY	ts, write	c. LENGTH OF STAY I		c. CITY OR TOWN (IF a		te limits, write R	URAL and give	nearest ta	wn)
d. NAME OF HOSPITA OR INSTITUTION Deer	TT 1 01				d. STREET ADDRESS 601 I	ecatur	Avenu	e	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Wall		Middle Duane		Humes	4. DATE OF DEATH	Mor Sep	tember	Day 7	Year 19 59
s. sex Male	6. COLOR OR RACE White	7. MARR	TIED NEVER MARRIEI	-	B. DATE OF BIRTH February 22	,1876	AGE (In years tast birthday) 83 yrs.	IF UNDER 1 Y	YEAR IF UN	
10a. USUAL OCCUPATIO during most af worki	N (Give kind of wark ng life, even if retired	dane 10b.	KIND OF BUSINESS OR	NDU	STRY 11. BIRTHPLACE (Stote Meadvil			12. CITIZE	USA	AT COUNTRY
13. FATHER'S NAME Samue	el Duane E	lumes			14. MOTHER'S MAIDEN N		zabeth	Gardn	ner	
15. WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT Mr. Edw ( Hospital Re				r)Sa	nAnto:
	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which mediate  DUE TO	Ar Ar	teriosclero	R	heart diseas	e			INTERVAL ONSET AN Yea	BETWEEN D DEATH IS
~ I	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA		NOT RELATED TO THE TERMI	NAL DISEASE (	CONDITION GIV	EN IN PART 1	PERF	S AUTOPSY ORMED?
	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in f	art t ar Part II	of item 1B.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d, It While at war	Nat while	20e. PL	ACE OF INJURY (Home, farm story, street, affice bldg., etc.	, 20f. (City o	r tawn)	(Cau	nty)	(State)
21. I certify the alive an Set Actual SIGNATURE	ot I attended the ot . 7	., 19	ed from Janu 59, and that o	death	M.D. Deer's	P.M., fram ADDRESS (Stree	the causes of et, city or town, State	and on the	date sta	ted abave
220. BURIAL, CREMATION REMOVAL (Specify)		)F	22c. NAME OF CEMET				on (City, town, oisbury	, Mary	Land	ote)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS ALISBURY N	VAR		BY REGISTRA	R 24b. REGIS	STRAR'S SIGN	ATURE	

		110-22 C 15-7 (49-9)	DECOMOTORS - TASJAND		
Million Adapt to the	3-407	Yau no air	. 6 3	perni	
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18
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**CERTIFICATE OF DEATH** 

10788

1888/444				Keg. Dis	st. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W		COUNTY///	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL analygive rearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	ts, write RURAL ond	give neorest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddresh	d. STREET ADDRESS	ely En	ele	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print) Werene	Middle	Heelf.	OF DEATH	Month	Day Year 1959
mal & WIDOV		B. DATE OF BIRTH	4 6	1 11 1	1 YEAR IF UNDER 24 HRS Days Haurs Min.
10o. USUAL DCCUPATION (Give kind of work done 10th during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	md ZL	IZEN OF WHAT COUNTI
13. FATHER'S NAME Little		14. MOTHER'S MAIDEN	NAME		
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16 (Yes, oo, or unknown)	S. SOCIAL SECURITY NO. 17. 1 14-10-9581	normant horgiet	Palm	Address	
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for a), (b), and (c).]	- rece	Louis		INTERVAL BETWEEN
Conditions, if any, which gove rise to immediate cause (o), stoting the <u>underlying cause lost.</u> DUE TO  (b)  DUE TO  (c)	time schur	te Lear	+ glis	all	
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of its	em 18.)	
Hour o. m. While		ACE OF INJURY fHome, forn ctory, street, office bldg., etc	n, 20f. (City or town	(C	County) (State
21. I certify that I attended the decearative an 19.			M, from the	causes and an th	ast saw the deceas
ACTUAL SIGNATURE SUBSIGNATURE	Tong	M.D. Sale	ADDRESS (Street, city	Smal.	· 9 +8-
PHYSICIAN'S NAME (Type)	22c/NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ty town or county)	(Girls)
SUNCAL (Specify) 9-20-59 23. FUNERAL DIRECTOR'S SIGNATURE	Green fo	red cem	Sales	livery "	(Slate)
Destes MC	ADDRESS.	24a. REC*		24b. REGIST (AR'S SIG	

Secretary and the Late of the Late of the Party of the Party of the Late of th

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10835

CERTIFICATE OF DEATH

10789

	CERTITION	TIE OF BEATT		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If inst	itution: Residence before	e odmission)
Wicomico	MARYLAND	o. State Marylan	d b. cour	Wicomie	co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, wri	te RURAL and give near	est town)
Delmar	81 vrs	X Delmar			
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS		•	ON A FARM?
408 Elizabeth			abeth		YES NO
3. NAME OF DECEASED (Type or print) Walter	Middle Gilbert	Inslev	4. DATE OF DEATH Sept	Month Day	Yeor 19 50
5. SEX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye last birthdo		
Male White WIDOWE		June 28m18	78   last birthdo	y) Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS			12. CITIZEN OF	WHAT COUNTRY
during most of working life, even if refired) Watchman	Bakerv	Maryland		USA	
13. FATHER'S NAME	Janory	14. MOTHER'S MAIDEN NA			
Jas. P. Inslev		Didda Ma	and als		
15 WAS DECEASED EVER IN H S ARMED FORCESS 14 S	OCIAL SECURITY NO. 17. II	Biddy Me		Address	7
No (Yes, no. or unknown) (If yes, give wor or dates of service) 57	77-20-0804	Mary Insle	y, Delmar,	Md.	
18. CAUSE OF DEATH [Enter only one couse per line	e for (o), (b), and (c).]	0 1			RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ucen of	Kead of	aucie	2-1 UNSE	AND DEATH
151X DUE TO					
Conditions, if ony, which ) (b)					
gave rise to immediate (					
couse (a), stoting the under- lying couse lost.					
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART 1(a) 19	. WAS AUTOPSY
E C					PERFORMED?
≈ J OR CONTRIBUTING IT CAUSE OF DEATH I	RIBE HOW INJURY OCCURRE	O. (Enter nature of injury in Pa	ort I ar Part II of item 18.)		TO HOS
20c. TIME OF INJURY Month, Day, Year 20d. IN. Haur o. m. p. m. 19 While of work	Not while of wark	ACE OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the decease	d from June	- 1957 to 7	E fre fember 2 1/19	57, that I last so	w the decease
glive on Feft 23 27 195	-v	occurred of 5 304	/		
1 910	100		DDRESS (Street, city or to		DATE SIGNE
ACTUAL SIGNATURE	Mer_	м.р. 303 Ств	ASh. a	Selwar	Alf 9-25
PHYSICIAN'S L. V. So	hlen				
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify)  BURIAL 9-26-59	22c. NAME OF CEMETERY OF WICOMICO	r CREMATORY  Semorial	Salishury	n, or county) 7, Marylan	(State)
23. UNERAL OFFICTOR'S SIGNATURE	ADDRESS	24a, REC'D		EGISTRAR'S SIGNATURE	
Was Marrel Co-	Delma	LOOP DATE SEP	0 0 150	Irthur & Kare	

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, fler death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL DANCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haur after Death. VS A15 (4) 1SM 10/S7

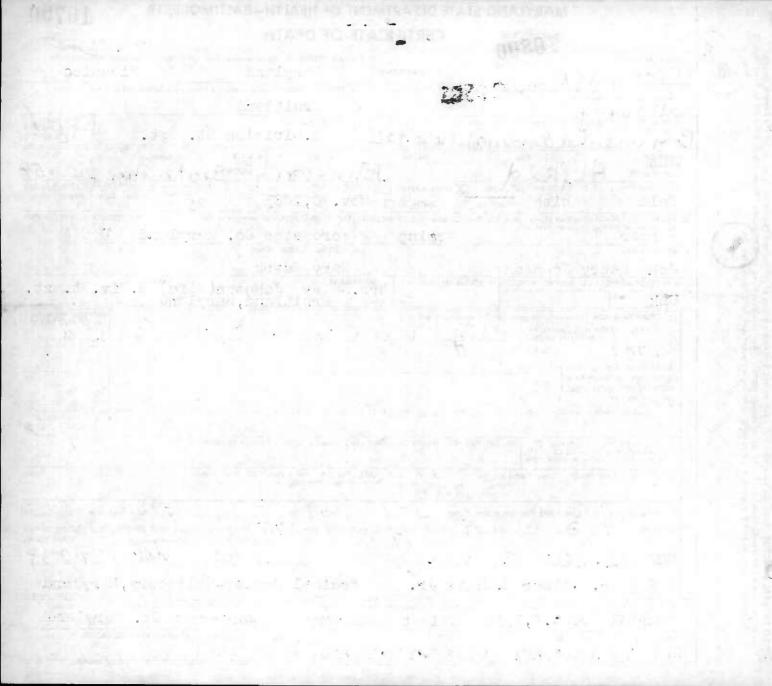
THE REPORT OF THE PROPERTY OF TELESCOPE CANCELLARY MANUAL SECTIONS OF THE PARTY.

VS A15 (4) 15M 9/58

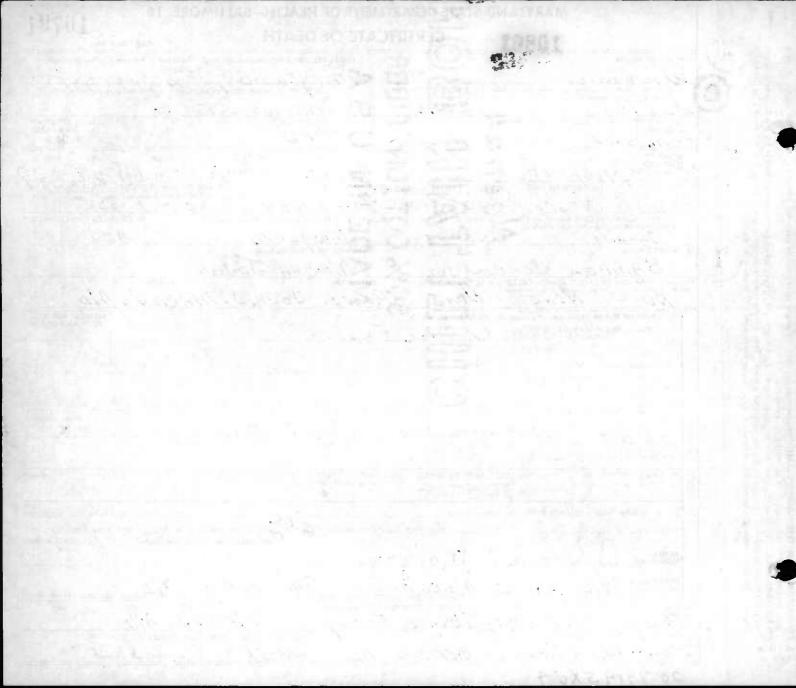
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

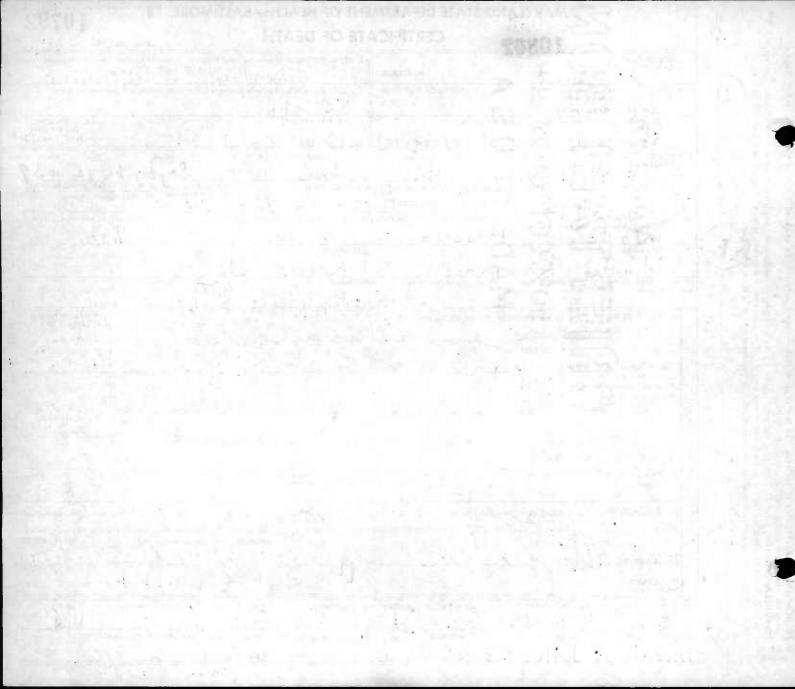
10790

	10800	CERTIFICA	ALE OF DEATH	Reg. Dist	t. No.
1:1	PLACE OF DEATH  G. COUNTY  U. C.D. C. D.	MARYLAND	2. USUAL RESIDENCE (Where deceoded a. STATE Maryland	I COUNTY	e befare admission)
S	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside car)  X Fruitland	porate limits, write RURAL and gi	ive nearest tawn)
P	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	al Hospital	d. STREET ADDRESS S.Division	n St. Ext.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ALRA	Mddle J.	last 4. DATE OF DEAT	+Septembe	Day Year 7 19 59
5.	Male 6. col6k or RACE 7. MAR White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Nov. 20, 1883	9. AGE (In years lif UNDER 1 Months 1 75 yrs.	PYEAR IF UNDER 24 HRS.  Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	Farming	Worcester Co		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John Henry Johnson		Mary Ruark		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) (If yes, give wor or dates of service) Unk	SOCIAL SECURITY NO.	re. Daisy Johns Fruitland, 1	on(Wife) s.Di	v.St.Ext.
rion	IMMEDIATE CAUSE (a)  420. DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	ort II of item 18.)	YES NO 🗗
MEDICAL	Hour a.m. While	,	ACE OF INJURY (Home, farm, 20f. (Ctary, street, affice bldg., etc.)	ity or town) (Co	ounty) (State)
	21. I certify that I attended the decearative an	/ myste	M.D. Sales 6		DATE SIGNED
220	Burial, Cremation, Removal Specify Sept. 5, 1959	22c. NAME OF CEMETERY C	R CREMATORY 22d. LOC	ATION (City, town, or county) Cester Co. M	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REG		
I	HOLLOWAY & COMPANY S	ALISBURY MAI	RYLAND DATE SEP 8	159 anti-	t



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 tem

10803

## CERTIFICATE OF DEATH

10793

Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND NICOMICO MARYLAND ICOMICO CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) (Rural SALISBURY ITTSVIL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? R. D. # [ENINSULA ENERAL YES NO NAME OF Middle Florence 4. DATE First Month Day Year DECEASED (Type or print) MARGARET (MAGGIE 1959 TEMB 9. AGE (In years lost birthdoy)
79 yrs. 5. SEX 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 1880 June WIDOWED P DIVORCED [ FFMALE 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? House Work at Home S Wicomico Co. Maryland None 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura White Martin Hancock Hudson Niece -R.D.# 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. (Myrtle) Frank No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Yeor 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 ot work ot work 21. I certify that I attended the deceased fram. 19\_\_\_,that I last saw the deceased 39 and that death accurred at 4 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Sept PHYSICIAN'S Center-Salisbury, Maryland Fisher Jr. Medical H. William NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Bethel Church Cemetery-R.D.#(Walston) Salisbury Sept.20.1959 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** SEP 1 8 59 HOLLOWAY & COMPANY SALISBURY MARYLAND DATE

VS A15 (4) 15M 9/5B

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VS A15 (4) 15M 9/5B

ig physician and campierery filled in by the funeral director,
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10795

	10804	CERTIFICA	TE OF DEATH		Reg. Dist. No.
	1. PLACE OF DEATH COMICO	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceosed lived. If institution b. COUNTY	Residence before admission)
	RURAL and give rearest town)	LENGTH OF STAY IN 16	Poco	ide corporate limits, write RUF	nd-2342,2
2	d NAME OF HOSPITAL (If not in-hospital, give street odds OR INSTITUTION)  EN NSUA CENERAL	HOSPITAL	d. STREET ADDRESS 433	BANKS	ST, e. IS RESIDENCE ON A FARM? YES NO .
	3. NAME OF DECEASED (Type or print) SAY ES	E .	LEWIS	OF DEATH SEPTE	mbER 121959
	MALE NEGRO WIDOWED	DIVORCED ()		885 lost biethdoy) yrs.	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	130a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	CCT-Clear	er VIRGIN	IA	12. CITIZEN OF WHAT COUNTRY?
	HETICAR LE	WIS	14. MOTHER'S MAIDEN NAI	e Baile,	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. INI 4-34-5074	Charles Le	mus Poce	moke, md.
	1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	pr (0), (b), and (c).]	lan acud	entwith	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	cephalou	ulocia		
	couse (o), stoting the under- lying couse lost.	endling a	rteriosel	rous	7.
)	PART II. OTHER SIGNIFICANT CONDITIONS CON	Mossien	usula		N IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING (201) 201. DESCRIB OR CONTRIBUTING (201) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED.	(Enter noture of injury in Por	rt I or Port II of item IB.)	\
	ZOC. TIME OF INJURY Month, Doy, Year 20d. INJUI Hour o. m. 19 While of work	Not while focto	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that attended the deceased alive on	from JUJ 4 3	occurred at PM	from the causes and	an the date stated above.
	ACTUAL SIGNATURE	order hu	D. Jude	PRESS (Street, city) or town, st	ote) PATE SIGNED
	PHYSICIAN'S RAME (Type)	SARMER	1P. Stolech	ury New	' ' / .
-	220. BURIAL, CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify) G-19-59	Red-140	CREMATORY	2d. LOCATION (City, town, or	county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE  LAGRA Whorton - 7	ADDRESS	. /	0.100	RAR'S SIGNATURE

The state of the s SCAMP OF THE THE SECTION AND THE REAL PROPERTY. . The same of the C. Madestal alegal I THE STATE OF THE PARTY OF THE STATE OF THE S A STATE OF THE STA enaltered ment waters . Well, Later . T. Inch.

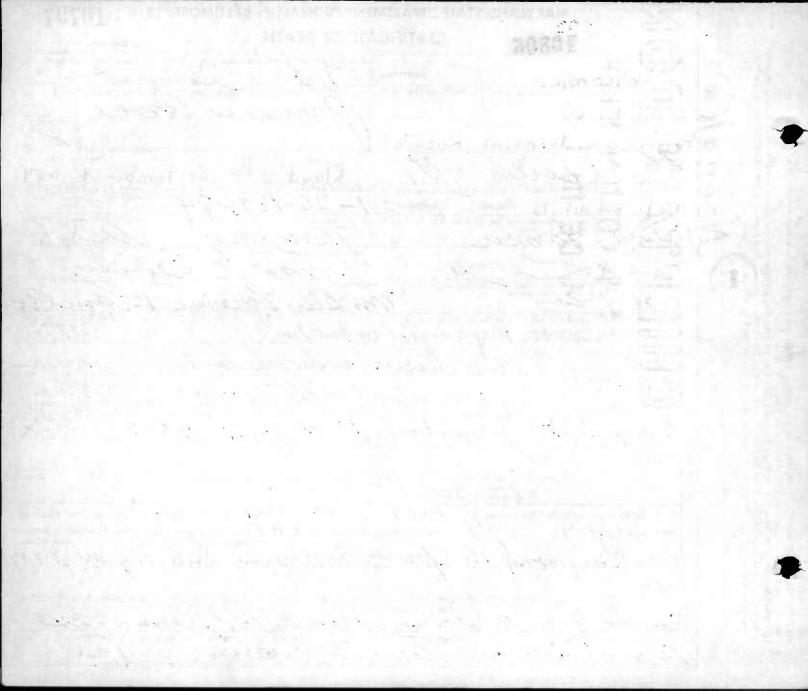
VS A1S (4) 1SM 9/SB

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	- 8/4		9 G.,	
-		v	-	L I

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

	10000	Neg. 5131, 140.			
_	1. PLACE OF DEATH o. COUNTY MARYIAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE b. COUNTY			
M	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
	/ C = 1	write c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  street address)  c. IS RESIDEN  ON A FABLE  WES PRO  NO. A FABLE  NO. A FA			
2	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	ON A FARM?			
00					
	3. NAME OF DECEASED (Type or print)	CO   CO   CO   MARYLAND   2. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before admission)   C. STRUM   C. COUNTY   C. COUNTY   C. STRUM   C.			
	And I was a supposed to	Months Days Hours Min.			
	1196				
	Junio most of working life even if retired)	Many Country			
	13. FATHER'S NAME	14. MOTHER'S MARKEN NAME & Bayley			
}	15 WAS DECEASED EVER IN U. S ARMED FORCESS TO SOCIAL SECURITY NO	MARYLAND  2. STAT  AMAPYLAND  2. STAT  AMAPYLAND  3. STAT  ACCUMY OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest form)  C. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest form)  C. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest form)  C. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest form)  C. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest form)  C. STREET ADDRESS  C. STREET A			
	PLACE OF DEATH   C. COUNTY   COUNTY				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]				
	PART I. DEATH WAS CAUSED BY: MUNIC AND A	IN Musteen 24 has.			
	1/20	2			
	Conditions, if any, which ) (b) Hyperlenser	Candlovascular diseau 10 year			
	cause (a), stating the under-	of Centemordens 15 year.			
٥	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	PERFORMED?			
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH				
	20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e.   While   Nat while   of work   of work				
	21. I certify that I attended the deceased fram Sept 7	1955 to Sent 9 105 Eithat I last saw the deceased			
		th accurred at <u>B</u> AM, fram the causes and an the date stated above.			
		M.D. 707 Camden Salishey, Md. 9-9-57			
1					
		OR CREMATORY 22d, LOCATION (City, town, or county) (State)			
1	23, FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS				
1 1 0					



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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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10798

	10807						Reg.	Dist. No	0.	
PLACE OF DEATH					(Where decea					ission)
W:			MARYLA	o. STATE Ma:	ryland	b. COUNT	Wie	comi	LCO	
b. CITY OR TOWN (If and give negres) town)	2. USALA RESIDENCE (Where deceased lived. If intitution, Residence before odmiss)   0. STATE   Maryland   0.	wn)								
	sbury		l Day	1/2 S	alisbu	rv				
		If not in hosp	pital, give street address)		var *tedfle*tr					
Penins	sula Gene	ral		507 Call	oway S	t.				
NAME OF			Middle		4. DATE		,	Day	, _	ear
(Type or print)	HARO	LD EU	GENE	Malone						
SEX	6. COLOR OR RACE	7. MARRIE				9. AGE (In years				-
M				med	30	last birthday)	Months	Doys	Hours	Min.
o. USUAL OCCUPATIO	N (Give kind of work						12 (1	TIZENI C	TANAT	COUNTR
during most of working	Retired	the second second second				,,				COOMIK
		000	- 1 m- 111				0.	D.W	•	
	nder Mal	one								
					Malon	9				
				MARYLAND  MARYLAND  MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  Day  Salisbury  oddress)  J. STREET ADDRESS  SOT Calloway St.  Malone  Malone  Lost  Malone  Malone  Sor INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME Sally Malone  (NO. 17. INFORMANT  LO2 Mrs. Elizabeth W. Malone  Mas Elizabeth W. Malone  CO2 Mrs. Elizabeth W. Malone  CO2 Mrs. Elizabeth W. Malone  CO3 Cardio-vascular disease Years  DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  DECURRED. (Enter noture of injury in Port 1 or Part II of item 18.)  LISCIOUS On Street 8:15 A.M. 9-15-59  D. 20c. PLACE OF INJURY (Home, form, 20t. (City or fown)  CO2 Mrs. Signed  Accident . Suicide . Homicide . Undetermined monner .  M.D. CHIEF MEDICAL EXAMINER .  DATE SIGNED						
140		ŁT.	2. USUAL RESIDENCE (Where deceased lived. If institutions. Residence before admission of the state of the s							
								INTE	RVAL BETW	EEN -
PART I DEAT	WAS CALISED BY.									
		Pu	llmonary e	dema					12	hrs
11000	MMEDIATE CAUSE (a)	Pu	llmonary e	dema					12	hrs
422.1	MMEDIATE CAUSE (a) DUE TO				e-41				12	
422,1 Conditions, if on gave rise to immed	DUE TO y. which (b)				failu	26			12	
422.1 Conditions, if on gave rise to immed	MMEDIATE CAUSE (a)  DUE TO  y. which (b) iote cause (b) DUE TO	Acı	ite conges	tive heart			940		12	ho
Conditions, if on gove rise to immed (o), stoting the u couse lost.	MMEDIATE CAUSE (a)  DUE TO  y, which ioto cause nderlying (b)  (c)	Acı	ite conges terio-scle	tive heart rotic cardi	o-vasc	ular di		se	12 Yea	hor
Conditions, if on gave rise to immed (o), stoting the u couse lost.	MMEDIATE CAUSE (a)  DUE TO  y, which ioto cause nderlying (b)  (c)	Acı	ite conges terio-scle	tive heart rotic cardi	o-vasc	ular di		S.6.	Yes	hou rs AUTOPSY RMED?
Conditions, if on gave rise to immed (o), stoting the u couse lost.	DUE TO y. which object to couse anderlying DUE TO ER SIGNIFICANT CON	Act Art	ite conges terio-scle	tive heart rotic cardi BUT NOT RELATED TO THE TER	O-VAS(	cular di		S.6.	Yes	hours
Conditions, if on gave rise to immed (o), stoting the u couse lost.	DUE TO y. which object to couse anderlying DUE TO ER SIGNIFICANT CON	Art DITIONS CO.	terio-scle  NTRIBUTING TO DEATH I	tive heart  rotic cardi  BUT NOT RELATED TO THE TER	O-V8 S(	cular di	EN IN PA	S 6	Yes Perfo Yes K	hou rs AUTOPSY
Conditions, if on gave rise to immed (o), stoling the u couse lost.  PART II. OTH  20a. EXTERNAL CAU PRIMARY or CONCAUSE OF DEATH.	MMEDIATE CAUSE (a)  DUE TO  y. which (b) iote couse (nderlying)  ER SIGNIFICANT CON  SE WAS TRIBUTING []	Act  Art  Dittions co.  B. DESCRIBE  Found	terio-scle NTRIBUTING TO DEATH I HOW INJURY OCCURRE I unconsci	tive heart  rotic cardi  BUT NOT RELATED TO THE TER  D. (Enter noture of injury in fous on stre	O-VASC MINAL DISEAS Port I or Part II et 8:3	cular di E CONDITION GIV of item 18.)	EN IN PA	S.6 RT 1(0)	Yes Perfo Yes K	hours Autopsy NO NO
Conditions, if on gave rise to immed (o), stoling the u couse lost.  PART II. OTH  20a. EXTERNAL CAU PRIMARY or CONCAUSE OF DEATH.	DUE TO y. which one couse nderlying DUE TO ER SIGNIFICANT CON  SE WAS TRIBUTING 120  Y Month, Doy, Yea	Articoloris Co.  Distributions C	terio-scle  NTRIBUTING TO DEATH I  HOW INJURY OCCURRE  1 unconsci	tive heart  rotic cardi  BUT NOT RELATED TO THE TER  D. (Enter noture of injury in F  OUS on stre  PLACE OF INJURY (Home, fo	O-VASC MINAL DISEAS Port I or Part II  ot 8:3	cular di E CONDITION GIV of item 18.)	EN IN PA	S.6 RT 1(0)	Yes Perfo Yes K	hou rs AUTOPSY RMED?
Conditions, if on gave rise to immed (o), stoling the u couse lost.  PART II, OTH  20c. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. p. m.	DUE TO y. which one couse nderlying DUE TO ER SIGNIFICANT CON  SE WAS TRIBUTING 120  Y Month, Doy, Year	MARYLAND  MARYLAND  C. LENGTH OF STAY IN 1b  1 Day  O. STATE Maryland  C. CITY OR TOWN (if outlied corporate limits, write RURAL and give neorest town)  C. CITY OR TOWN (if outlied corporate limits, write RURAL and give neorest town)  C. CITY OR TOWN (if outlied corporate limits, write RURAL and give neorest town)  A Salisbury  ON (if not in haspitol, give street address)  ON A STREET ADDRESS  DOY Calloway St.  First  FOIL  FOIL  FOIL  Month  Day  Year  ON ACE  P. AGE (in year)  Month  Doy  Year  ON ADTE  DOY  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ADTE  DOY  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ADTE  DOY  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ADTE  DOY  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ADTE  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ADTE  DOY  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  Month  DOY  Year  ON ACE  P. AGE (in year)  North  North  DOY  Year  ON ACE  P. AGE (in year)  North  Month  DOY  Year  ON ACE  P. AGE (in year)  North  North  DOY  Year  ON ACE  P. AGE (in year)  North  Month  DOY  Year  ON ACE  P. AGE (in year)  North  North  North  North  North  DOY  Year  ON ACE  P. AGE (in year)  North  P. AGE (in year)  North	hours Autopsy NO NO							
Conditions, if on gave rise to immed (o), stoling the u couse lost.  PART II, OTH  200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. p. m.	DUE TO y. which one couse nderlying DUE TO ER SIGNIFICANT CON  SE WAS TRIBUTING 120  Y Month, Doy, Year	ACI DITIONS CO.  TOUR  T	terio-scle  terio-scle  ntributing to Death  HOW INJURY OCCURRE  unconsci  njury OCCURRED  Not while  t of work	tive heart  rotic cardi  BUT NOT RELATED TO THE TER  D. (Enter noture of injury in F  OUS ON STPO  PLACE OF INJURY (Home, for foctory, street, office bidg., e	O-VASC  MINAL DISEAS  Fort I or Part II  O 8:1	eular di E CONDITION GIV of item 18.) L5 A.M.	9-	RT 1(0)	12 Ye 8 19. Was 7 PERFO YES <b>10</b>	PS AUTOPSY RMED? NO (Stote)
Conditions, if on gave rise to immed (o), stoling the u couse lost.  PART II, OTH  200. EXTERNAL CAU PRIMARY Or CONCAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th	MMEDIATE CAUSE (a)  DUE TO  y. which (b) iote couse Inderlying DUE TO  ER SIGNIFICANT CON  SE WAS TRIBUTING TO  Y Month, Doy, Yec  19	ACI DITIONS CO.  Ob. DESCRIBE Found  ar 20d. If While of wor	terio-scle  NTRIBUTING TO DEATH I  HOW INJURY OCCURRED  JURY OCCURRED  Not while of work emoins described	tive heart  rotic cardi  BUT NOT RELATED TO THE TER  D. (Enter noture of injury in F  OUS ON STP  PLACE OF INJURY (Home, for foctory, street, office bldg., e	O-VASC MINAL DISEAS Fort I or Part II  **Example 1: 10   20f. (City  Day M., III	of item 18.)  S A.M. or town)	9-	15-5 ounty)	Yearly, was PERFOYES 10	PS AUTOPSY RMED? NO (Stote)
Conditions, if on gave rise to immed (o), stoling the u couse lost.  PART II, OTH  20a. EXTERNAL CAU PRIMARY or CONCAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th	MMEDIATE CAUSE (a)  DUE TO  y. which (b) iote couse Inderlying DUE TO  ER SIGNIFICANT CON  SE WAS TRIBUTING TO  Y Month, Doy, Yec  19	ACI DITIONS CO.  Ob. DESCRIBE Found  ar 20d. If While of wor	terio-scle  NTRIBUTING TO DEATH I  HOW INJURY OCCURRED  JURY OCCURRED  Not while of work emoins described	tive heart  rotic cardi  BUT NOT RELATED TO THE TER  D. (Enter noture of injury in F  OUS ON STP  PLACE OF INJURY (Home, for foctory, street, office bldg., e	O-VASC MINAL DISEAS Fort I or Part II  **Example 1: 10   20f. (City  Day M., III	of item 18.)  S A.M. or town)	9-	15-5 ounty)	Yearly, was PERFOYES 10	PS AUTOPSY RMED? NO (Stote)
Conditions, if on gove rise to immed (o), stoling the u couse lost.  PART II, OTH  200. EXTERNAL CAU PRIMARY Or CONCAUSE OF DEATH.  200. TIME OF INJUR Hour o. m. p. m.  21. I certify the opinion death in actual.	MMEDIATE CAUSE (a)  DUE TO  y. which (b) iote couse Inderlying DUE TO  ER SIGNIFICANT CON  SE WAS TRIBUTING TO  Y Month, Doy, Yec  19	ACI DITIONS CO.  Ob. DESCRIBE Found  ar 20d. If While of wor	terio-scle  NTRIBUTING TO DEATH I  HOW INJURY OCCURRED  JURY OCCURRED  Not while of work emoins described	D. (Enter noture of injury in F OUS ON STPO PLACE OF INJURY (Home, for foctory, street, office bidg., e) above, held on Autor nt, Suicide	O-VASC  MINAL DISEAS  Fort I or Part II  et 8:2  Fort, 20f. (Cit)  Day N. II	of item 18.)  S A.M. or town)	9-	15-5 ounty)	Years M	hot PS AUTOPSY RMED? NO (Stote)
Conditions, if on gave rise to immed (o), stoling the u couse lost.  PART II. OTH  PART II. OTH  PRIMARY OF CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th opinion death in	MMEDIATE CAUSE (a)  DUE TO  y. which (b) iote couse Inderlying DUE TO  ER SIGNIFICANT CON  SE WAS TRIBUTING TO  Y Month, Doy, Yec  19	ACI DITIONS CO.  Ob. DESCRIBE Found  ar 20d. If While of wor	terio-scle  NTRIBUTING TO DEATH I  HOW INJURY OCCURRED  JURY OCCURRED  Not while of work emoins described	D. (Enter noture of injury in F OUS ON STRe PLACE OF INJURY (Home, fo foctory, street, office bidg., e above, held on Auto nt  , Suicide  ,	O-VASC  MINAL DISEAS  Port I or Part II  ot 8:1  rm, 20f. (City  Dosy N, II  Homicide	of item 18.)  5 A.M. or town)  Inspection A., Undete	9-	15-5 ounty)	Years M	hot PS AUTOPSY RMED? NO (Stote)
Conditions, if on gove rise to immed (o), storing the u couse lost.  PART II, OTH  200, EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th opinion death is ignature.	MMEDIATE CAUSE (a)  DUE TO  y. which (b) iote couse (nderlying)  DUE TO  (c)  ER SIGNIFICANT CON  SE WAS TRIBUTING (1)  Y Month, Doy, Yea  19 of I took charge resulted from: 1	ACI DITIONS CO.  B. DESCRIBE Found  ar 20d. If White of wor  of the re  Notural co.	terio-scle  NTRIBUTING TO DEATH I  HOW INJURY OCCURRED  JURY OCCURRED  Not while of work emoins described ouses X Accide	D. (Enter noture of injury in F OUS ON STPe PLACE OF INJURY (Home, for foctory, street, office bidg., e) above, held on Autor nt, Suicide,	O-VASC  MINAL DISEAS  Fort I or Part II  et 8::  From, 20f. (City  hc.) 1  Homicide  EXAMINER []  ICAL EXAMINE	of item 18.)  5 A.M. or town)  Inspection [A], Undete	9-	15-5 ounty)	Years M	hot PS AUTOPSY RMED? NO (Stote)
Conditions, if on gove rise to immed (o), storing the u couse lost.  PART II, OTH  PRIMARY OF CONCAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th opinion deoth in ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	MMEDIATE CAUSE (a)  DUE TO  y. which (b) iote couse (nderlying)  DUE TO  (c)  ER SIGNIFICANT CON  SE WAS  TRIBUTING (1)  Y Month, Doy, Yec  19  of I took charge resulted from: I	Act Difficus Co.  B. DESCRIBE Found  Power  Found  Found  Found  Found  Royer  Royer	terio-scle  NTRIBUTING TO DEATH I  HOW INJURY OCCURRED  JURY OCCURRED  NJURY OCCURRED  NJURY OCCURRED  Of work  emoins described  ouses X Accide	D. (Enter noture of injury in FOUS ON STPO PLACE OF INJURY (Home, foctory, street, office bldg., enter on the control of the c	O-VASC  MINAL DISEAS  Fort I or Part II  OT 8: 3  From, 20f. (City  Homicide  EXAMINER DISEASE  LEXAMINER F	of item 18.)  S A.M. or lown)  Inspection [A], Undete	9-: (Co	15-5 ounty)	Yearly. Was PERFOYES 10	hours  AUTOPSY RMED? NO (Stote)  d in my
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TO DEPUTY MY CAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any delay it estant, please execute the ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer sector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours ofter deoth. VS. A15ME 5M 2/57

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	10836	CERTIFICA	AIE OF DEATH	Reg. Dist. No.
	MARYLAND  TY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b JURY OR TOWN (If outside carporote limits, write JURAL and give neores) towy of the stay of t	2. USUAL RESIDENCE (Where deceased live. STATE	b. COUNTY (Comics)	
	BURAL and give nearest toward /	8 me.	c. CITY OR TOWN (If outside corporate  Meer Lell	limits, write RURAL and give nearest town)
	NAME OF HOSPITAL (If not in hospital, give street address     OR INSTITUTION	s)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
- [	OF DEATH  INTY  OR TOWN (If outside carporote limits, write   C. LENGTH   AL and give nearsy town)  WE OF HOSPITAL (If not in hospital, give street address)  INSTITUTION  OF SED   First   SED   First   WIDOWED   NEVE   WIDOWED	Middle	Metz. 4. DATE OF DEATH	Month Day Year
1	ACCUNTY  MARYAND  C. CHYOR TOWN If outlide corporate imits, write c. LENGTH OF STAY IN 16 b STAY	Jost birthday) Months Days Hours Min.		
100.	during most of working life, even if refired)	OF BUSINESS OR INDU	STRY LIBIRTHPLACE (Stole of foreign country Claude Country Cou	Try) 12 CHIZEN OF WHAT COUNTRY?
13.	Ther's NAME while Met	3	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY  c. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)    C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)   C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)   C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)   C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)   C. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)   C. CITY-OR TOWN (If outside corporate)   C. CITY-OR TOWN (If outside	
		SECURITY NO. 17	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution_Residence before admission) b. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY county d. STREET ADDRESS  4. DATE ON A FARW? DEATH DOWN (If outside corporate limits, write RURAL and give nearest fown)  were markied b. Date of pirity DIVORCED b. DATE signe DIVORCED b. DATE signe DIVORCED b. County DIVORCED b. County DIVORCED b. County DIVORCED b. DATE signe DIVORCED b. County DATE signe DIVORCED b. County DATE signe DAT	
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the under: lying couse lost.  (c)	ait distert	Fre fire god te lact 1 11	talion, onset and DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	PERFORMED?
L CERTIFI	OR CONTRIBUTING   CAUSE OF DEATH	HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II	of item 18.)
MEDICAL	Hour o. m. While N	lot while fac		town) (County) (State)
	actual SIGNATURE TO DE COMP	MARYLAND    AMARYLAND   Composition   Compos		
6	REMOVAL (Specify) 1/22/5/6	ast peu	Market Cast	Men Market, 1860
27	uneral prector's subvisione	DORESS NOW D	Jaila V	

pfter death. Page 4 may be relevable to the hospital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, ragges 1 and 2 shauld be filed with the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how TO HOSPITAL may be rele TO FUNERAL

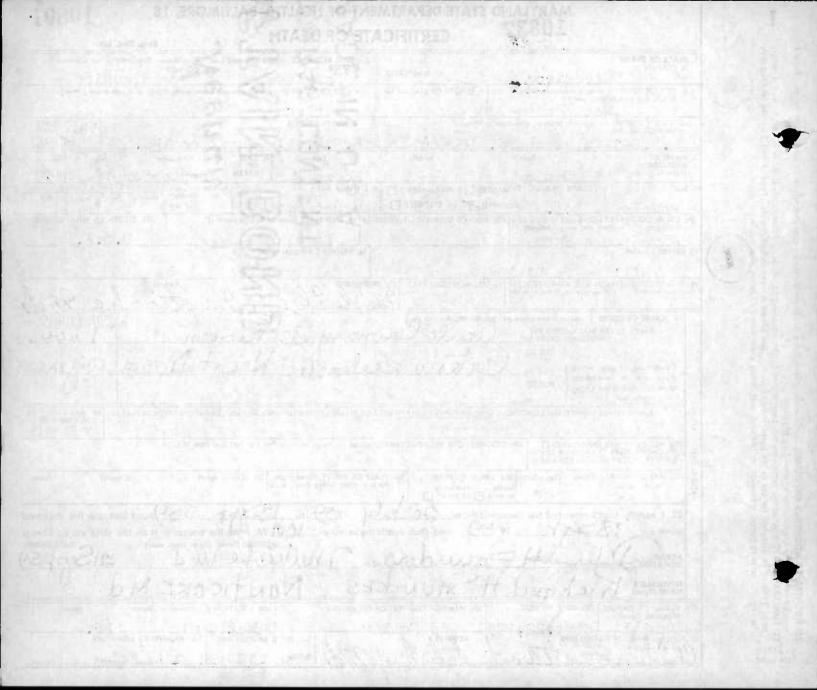
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TO HOSPITAL

VS A1S (4) 1SM 9/SB

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10802

10809

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

) 1	PLACE OF DEATH O. COUNTY  MARYLAND	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	RURAL and give nearest town)	BERLIN 23x-2
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?
L	Peninsula General Hospital	
3	NAME OF First Middle DECEASED	
	(Type or print) ERNEST VV	MORKIS SCHOOL 23 131
2	A. I I I I I I I I I I I I I I I I I I I	of the of
	WHIE COME	
	during most of working life, even if retired)  10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	
1	LALVA CONTRACTOR OF THE STATE O	14. MOTHER'S MAIDEN NAME
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT
	Yes, no, or unknown) (If yes, give war by dates of service)	1 0 N
=	The Callet of Practice of the Callet	171.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	ENTI- DICIENTE BIRECTING LONGS
1	10-10-11	Maria Cara Man an ing
I	gove rise to immediate	COSTS - GCN BKALIZEU.
	lying couse lost.	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1		PERFORMED? YES NO TO
The state of the s	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTION OF CONTRIBUTI	RED. (Enter nature of injury in Part I or Port II of item 1B.)
		DIACE OF INITIBY (Home form 206 (City on Assert)
	Hour a.m. 19 While Nat while of work of work	octory, street, office bldg., etc.)
1	21. I certify that I attended the deceased from 9-2	4 1059 to 9-25 1059 that I last any the designed
	dive dir.	
	SIGNATURE To Stay Kens ws	in Medical Center - Salesberry Mod
		77
	PHYSICIAN'S NAME (Type)	
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY-	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
_	130RIACI 9 CI 159 EVER	GREEK BERLIA MO
2	B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CALLING & Thank
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M	ENT OF HEALTH	-BAL	TIMORE, 1	8		-5	000	12
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	2 HEHAL BEELDENCE AND	. 4	# 61 # 16 t ata .ata	-		st. No		-
OI	2. USUAL RESIDENCE (Whe o. STATE Maryland	re decease	P. COMMIX	omi	Lco	ice Dero	re agmiss	ian)
lb	c. CITY OR TOWN (If ou	tside corpo	orate limits, write R	URA	Lond	give nec	rest town	)
	12 Salisbur	v						
	d. STREET ADDRESS							FARM?
	717 S. D	iv. S	St.,				YES [	NOF
	Lost	4. DATE OF	Mon	th		Do	y	fear
N	MORRIS	DEATH	7	1		1	-	19 59
_	8. DATE OF BIRTH Oct. 8.1884/ 18	83	9. AGE (In years lost birthday) 75 yrs.	_	onths	Days	Hours	R 24 HRS. Min.
	TRY 11. BIRTHPLACE (Stote o	r foreign c	auntry)	1	12. CI	IZEN C	F WHAT	COUNTRY?
	Maryland				U_S	. A		
	14. MOTHER'S MAIDEN NA				V-9-	CAAAA.	-	
	Martha Wim	hrow						
7. 11	FORMANT	DI VE	Addr	ress				
Mi.	s Derothy Mor	ris.	Same					
1	1					INT	ERVAL BE	TWEEN
Dr	trios cler	osis				UN	SEI AND	DEATH
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u	Melletis							***
BUT	NOT RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIV	EN I	N PAR	T 1(o) 1	9. WAS	AUTOPSY RMED?
Y	is of d	ock					YES 🗌	NOX
IRREC	). (Enter nature of injury in Po	ort 1 or Par	t II of item 1B.)					
. PLA	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City	y or lown)		{	County)		(State)
71		1						
L	, 1958, to Say	24 19	1959	_,th	at I	last so	w the	deceased
ath			m the causes a			he da	te state	d abave.
	A	DDRESS (S	treet, city or town,	state	*)		DA	TE SIGNED
	A.D. Salisbury,							

Wi comi	00		MARYLAND	Ma:	rylan	d	P. CONTRY	omice			
b. CITY OR TOWN (If RURAL and give no	outside corporate limi	ts, write	LENGTH OF STAY IN 16						give near	est town	)
	lisbury		15 Yrs.	12 Sa	lisbu	ıry					
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	S	dress)	d. STREET A		Div. S	t			ON A	FARM?
3. NAME OF DECEASED	Fir		Middle	los		(If outside corporate limits, write RURAL and give nearest town)  DUTY  S	fear				
(Type or print)	MARTH	IA	RIGGIN	MOR	RIS		9		19	1	9 59
5. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRT			9. AGE (In years lost birthday)				
	White	WIDOWED		Oct.8,18							
during most of work	ng life, even if retired	)		USTRY 11. BIRTHP	LACE (Stote	or foreign ca	untry)	Month Day Year  SE (In years IF UNDER I YEAR IF UNDER 2 SIDER ON A FAYES IN Months Days Hours YES)  Address  Address  NOTION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING NET AND DE Causes and an the date stated city or town, state)  (County)  (County)  (City, town, or caunty)  TY MARY LAND  (State)  (State)  (State)  (City, town, or caunty)  (State)	COUNTRY?		
House Wil	<b>.</b> e		Own Home		rylar			U,S	-A-		
John W. Ri		CES2 14 60	SCIAL SECURITY NO. 117	Mart	ha Wi	mbrow	A 41				
[Yes, no or unknown]	t yes, give wor or dates of s	ervice)						ress			
No				ss Derot	hy Mo	rris,	Same				
	TH [Enter only one co TH WAS CAUSED BY:	iuse per line	for (0), (b), and (c).	10 50	17-	4					
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Conditions, if an	mediate		of tensing a	renoscia	colec	Cordi	Veoculor	- Nei	Rose		
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	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 19.	WAS A	AUTOPSY
Sto	phlocic	cal	College:	lis of	8 3	Bock					
PART II. OTH S 100.  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OCCURR	ED. (Enter nature	f injury in	Part 1 or Part	II of item 1B.)				
20c. TIME OF INJURY	Month, Day, Yes	or 20d. INJ	URY OCCURRED 20e. F	LACE OF INJURY	(Home, farr	m, 20f. (City	ar lown)	(0	County)		(State)
20c. TIME OF INJURY Hour a. m.	19	While at work [	Not while T	actory, street, office	e bidg., et	c.)					
	at Lattended the	deceased	fram Capril	1958	7. 10 S	20+ 19	1959	that I	last sav	v the	deceased
	nt 19	, 19-5						and an t	he date	state	d abave.
	40	10	11-11-		, , ,	ADDRESS (Str	reet, city or town,	state)		DA	TE SIGNED
ACTUAL	Thomas	, &	Helf. Jr.	M.D. Sali	sbury	Mary	land			9/3	1/59
PHYSICIAN'S NAME (Type) The	s. C. Hill	l. Jr.	ND.	Pine Bl	uff_R	ld Sa	St.,  St.,  ATE ON YES  ATE ATE ATE ATE ATE ATE ATE ATE ATE AT				
220. BURIAL, CREMATION	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY							(State	)
REMOYAL (Specify)	9/22/59		Parsons Cemet	tery		Salis	bury, Ma	rylan	d		
23. FUNERAL DIRECTOR'S	SIGNATURE	E. T.	ADDRESS		24a. REC	D BY REGISTE	RAR 24b. REGI	STRAR'S SIG	SNATURE		
Hill & Job	mson Co. S	alisb	ry, Maryland	1	DATE	24 59	0.3	un 2 t	ruces		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have defended the death. Page 4 may be referred by the haspital ar attending physician.

TO FUNERAL ORNECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haust-effect death.

VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1081 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10804 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Beheldeld	Wicomic	O MARYLAN	O STATE	30	Tand	ed lived. If institu b. COUNT		before admiss	sian)
	b. CITY OR TOWN (1) ond give nearest town	outside corporate limits, wr	to RURAL C. LE	NGTH OF STAY IN 1	b c. CITY C			orate limits, write (Rura		ve nearest low	n)
		at or institution ay#13(D.				ADDRESS R.D.	# 5(5	Schumak	er Rd)		FARM?
3.	NAME OF DECEASED (Type or print)	NIN.	rst A I	Middle MARTHA	MORRIS		4. DATE OF DEATH	Month SEPT		Day Yes	or 59
	sex Female	White	WIDOWED	NEVER MARRIED	April	22,19	22	9. AGE (In years last birthday) 37 yrs.		AR IF UNDER	R 24 HRS. Min.
10	o. USUAL OCCUPATION during most of working Waitress	ON (Give kind of working life, even if retired)	done 10b. KIND O	F BUSINESS OR INDI staurant	USTRY 11. BIRTHI	omico	or foreign cour	ountry) nty, Md.		S A	OUNTRY?
13	. FATHER'S NAME				14. MOTHER	S MAIDEN N	IAME				
L		Pottle				Ruar	·k				
	S. WAS DECEASED EV	ER IN U. S. ARMED FO lif yes, give war or dales o		L SECURITY NO.	rs.Welt	on Pa	rsons	s (Mothe:	r)Sali	sbury	, Md.
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Com	(b), and (c).]	Fund	ture	fl	faull		INTERVAL BETWEE	Den/
E	812)	DUE TO		0			(				
	Conditions, if o	diate cause									
	(o), stoting the	underlying DUE TO									
ATION	PART II, OTI	HER SIGNIFICANT CON	IDITIONS CONTRIBI	UTING TO DEATH BU	T NOT RELATED T	O THE TERMI	NALDISEASE	CONDITION GIV	EN IN PART 1(	PERFOR	UTOPSY MED? NO 🔯
CERTIFICATION	20g. EXTERNAL CAPRIMARY 12 or CO CAUSE OF DEATH.	JSE WAS NTRIBUTING []	Bus h	INJURY OCCURRED	. (Enter nature of			of item 18.)	Qest.	rizu	
MEDICAL	20c. TIME OF INJU		or 20d. INJURY While at work	I TOT WILLIE	PLACE OF INJURY octory, street, offi	ce bldg., etc.	1	or town)	(County	reader	(Stote)
	21. I certify t	not I took charg	e of the remoi	ns described o	bove, held o	n Autops	y 🔲, In	spection X,	Inquiry	X, ond fi	nd that
	deoth resulted	from: Notural	couses [],	Accident 🔀, S	ouicide	Homicide	☐, Ur	ndetermined c	ouse .		
	ACTUAL SIGNATURE	Enli	Ry		M.D.	MEDICAL EX				DATE SIG	GNED
L	EXAMINER'S NAME (Type) DY	. Earl L	. Royer				EXAMINER X		Sept.	2 19	59
22	REMOVAL (Specify		/59 I	Parsons		У		ion (City, town, o		(Stote) nd	
	OLLOWAY			DDRESS BURY MAI	RYLAND		BY REGIST	CO .	rithun &		

# DICAL EXAMINER'S CERTIFICATE OF SEARCH ATTEMPT OF THE PARTY OF THE PAR Company of the control of the contro All was believed by the many in the many in the second of Make the period of the part of the period of there is easy, seeing the contract of the cont

VS A1S (4) 1SM 9/SB

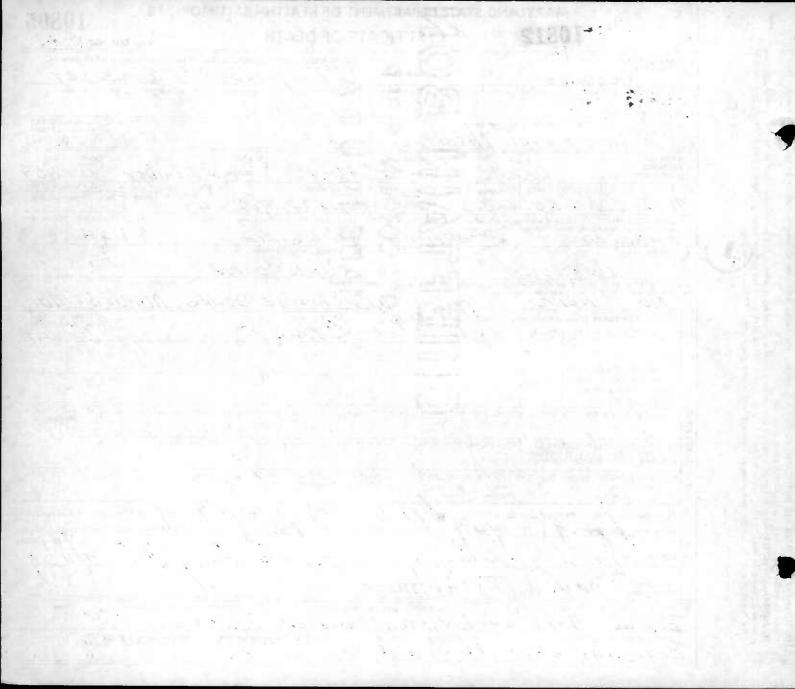
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10812

**CERTIFICATE OF DEATH** 

Rea. Dist. No

				Reg. Dist. Ite	•
1. PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If instit b. COUN		ore odmission)
RURAL and give nearest tawn)	OF STAY IN 16	11.	itside carporate limits, write	RURAL ond give ne	earest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS		17 X-	e. IS RESIDENCE ON A FARM?
TENINSULA GENERAL HOSPI	TAL	R.F.D.			YES NO
3. NAME OF DECEASED (Type or print)	Middle C	WLey	4. DATE OF DEATH SEPTER		1959
777776	DIVORCED	DATE OF WITH MARCH 24, 19	10171	Manths Doys	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired)  HABBER  FARI	SINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote of		12. CITIZENO	F WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
LINKNOWN		UNKNE	OWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes, no. or unknown) (If yes, give war or dates of service)	JRITY NO. INF	ORMANT 15. PAULINE	DENNIS,	MARION	I. Mo.
18. CAUSE OF DEATH [Enter anly one cause per lipe for (o), (b).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	getic	Loma			TERVAL BETWEEN
260X DUE TO					
Canditions, if any, which gave rise to immediate (b)					
couse (o), stating the <u>under-</u> DUE TO lying cause lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	G TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION (	SIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO NO
	NJURY OCCURRED.	(Enter nature of injury in P	art I or Port II af item 18.)		
20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCU Hour o. m. p. m. 19 of work at work	ile focto	CE OF INJURY (Hame, farm, ory, street, office bldg., etc.)	20f. (City ar tawn)	(County	(Stote)
21. I certify that I attended the deceased fram	lept 9	1959, 1915	Jost 9, 195	7,that I last sa	w the deceased
alive an 19/5 9, an	nd that death o	* "/ )	M, fram the causes		
SIGNATURE and Jackum	~ u	, Jal	ADBRESS (Street, city or tov	(Red)	9/11/59
PHYSICIAN'S DAVI'D J. GI	more	,		/	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME	OF CEMETERY OR	7	22d. LOCATION (City, taw	n, ar county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRE	SS TON	EINETELY	MBY REGISTER 24b. RE	GISTRAR'S SIGNATI	JRE
BRADSHAW + SONS, CRIS	FIELD.	MD. DATE	1.9.33	inchung I This	M.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 10814

10807 Reg. Dist. No.

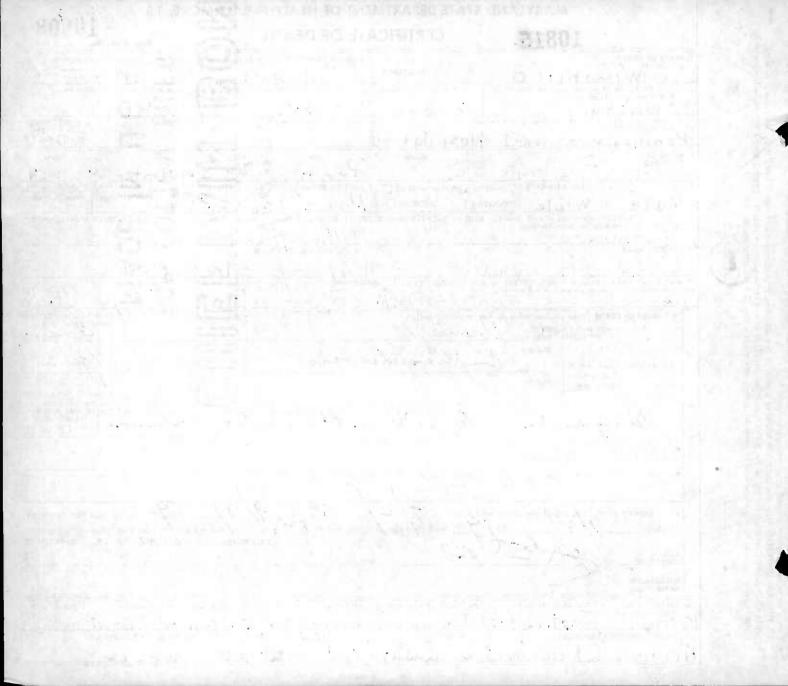
1. PLACE OF DEATH  o. COUNTY  //Comico MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  o. STATE  DELATION OF COUNTY  SUBSE  V
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SaLISBURY	DEL/1/4/2 4/6x-3
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Peninsula deneral	R'DITT 2 YES NO [
3. NAME OF DECEASED (Type or print) Wanda Pa	tilla deptember 3 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min
Female White WIDOWED   DIVORCED	3-4-1895 lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF/BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and the state of t	Toland Usa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknow	unhour
	NFORMANT Address
[Yes, no, grynknown] (II yes, give war or dates of service)	Only Tatella Delma Leel
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONS IT AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Metastate Caremana 6 mos.
153,3 DUE TO 0	C'' 1 0 1
Conditions, if ony, which) (b) Cler Cereaua	- Lighard Cala
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
I	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form,   20f. (City or town) (County) (Stote)
Hour o. m. 19 While Not while fo	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram.	, 19, to, 19,that I last saw the deceased
alive on, 19, and that death	accurred at 12.7M, from the causes and an the date stated above.
118.0.	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE TV. Day (LLW) NO	M.D. Salesting, Md- 3 Jept 195
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY CORENT OF COMMETTERY COMMENTS OF CEMETERY COMMENTS	OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1 2 Many N- Williams,	Leil DASEP 8'59 K Time & Frank

MEASO SON PASSISTED A PERSONAL TO A PROPERTY OF THE PARTY OF THE M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10815	CERTIFICATE OF DEATH	Reg. Dist. No.		
DEATH	2. USUAL RESIDENCE (Where deceased lived.	. If institution: Residence before ad		

	1. PLACE OF DEATH  o. COUNTY.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	WICOMICO MARYLAND	a. STATE / ARY and b. COUNTY Tall rot							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
Н	Salisbury 6 9943	RURAL TRAPPF20X-2							
	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
	Peninsula General Hospilal	YES NO							
	3. NAME OF First Middle	Last 4. DATE Month Day Year							
	OFCEASED (Type or print)	Penn DEATH S'eptember 9 1959							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	Male White WIDOWED DIVORCED	Nov. 5, 1878 last birthday) Months Doys Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Farmer	MARyland . 10.5							
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
1	Charles H. Tenn	Mora E. Mishley							
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no. or unknown) (If yes, give wor or dotles of service)	INFORMANT Address /							
	NO. 218-36-7434M	ro. Florence LENN Trance. Ild.							
1	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ONSEL AND DEATH							
	HILLS DIETO								
	Conditions, if any, which) the hereseleroses								
	gave rise to immediate DUE TO								
	couse (o), stating the <u>under-</u> lying cause lost.  (c)								
	PAIL II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
1	Deligoration. Left for term theral artery occurrent YES NO								
	20g. ACCIDENT WKS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 1B.)							
П		ACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) (ctory, street, office bldg., etc.)							
А	Hour o. m.  p. m.  19 While Not while of work □ 1 1	/ since diag., etc./							
	21. I certify that I affended the deceased fram 9/2	1, 19,59, ta 9/9/ , 1959that I last saw the deceased							
	01 221 -03	occurred at 8 3 A.M. fram the causes and an the date stated above.							
	MATTI	ADDRESS (Street, city ar tawn, state)  DATE SIGNED							
	ACTUAL	M.D							
	PHYSICIAN'S								
	NAME (Type)								
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)							
1	Bremoval (Specify) Sept. 12 1959 Camp C	rapel (emeter Baltimore Co. Marylann							
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	Maurice ENewlaw Sow Easter	Mo DATE SEP 1 4 '59 Cally 9 4							
- 0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							



er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10816

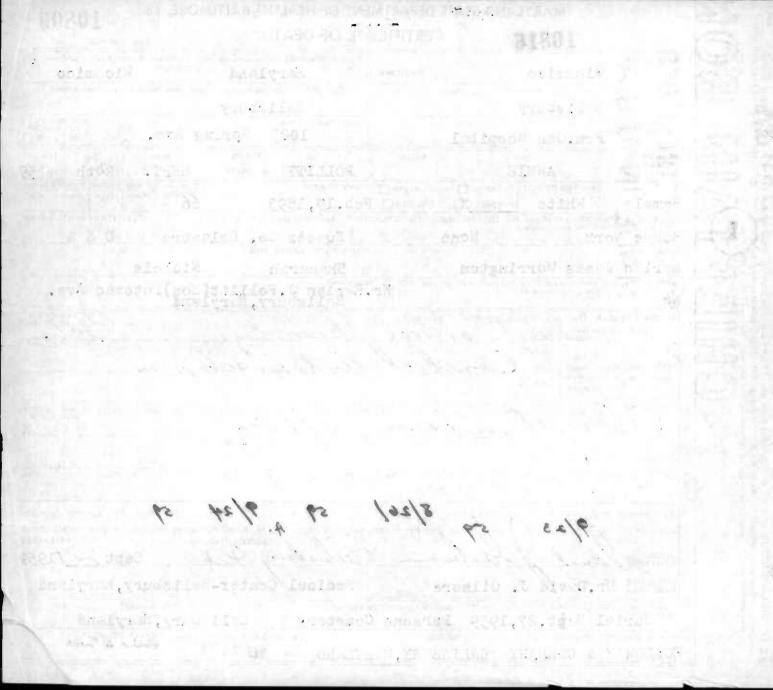
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Reg. Dist. No.

	PLACE OF DEATH     O. COUNTY	Wicomico		MARYLAND	2. USUAL RESID	Maryla	_ L	If institution		before adm	
	b. CITY OR TOWN RURAL ond give	(If autside corporate limi negrest tawn) Salisbury	ts, write c. LENC	OTH OF STAY IN 16		OWN (If outside	le corporate limi	its, write R	URAL ond give	ve negrest to	own)
2	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, g			d. STREET A		Spring	Ave	•	10	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	ANNI		Middle	POLLI		DATE OF DEATH	SEPT		Doy 24th	Yeor 19 59
Í	5. SEX Female	6. COLOR OR RACE White	7. MARRIED T	DIVORCED	8. DATE OF BIRTH		last	(In years birthdoy) yrs.		YEAR IF UN	NDER 24 HRS
	10o. USUAL OCCUPAT during most of wo House Wo 13. FATHER'S NAME	TION (Give kind of work of orking life, even if retired OPK	done 10b. KIND OF		Suss	ex Co.	Delaw	are		J S A	T COUNTRY?
		James Warr		SECURITY NO.	Shana			11che		-13	ng r
	(Yes, no, or unknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of se		Mr.	Marion Sali	J.Pol	litt(S Maryla	ind I	ötoma	ac Av	e.
0	PART I. DI  33/X  Canditions, if gove rise to cause (o), stotin lying cause los  PART I. DI  20a. ACCIDENT V OR CONTRIBUTIN	immediate g the under	Carle MIRONS CONTRIBUTIONS CONTRIBUTIONS	ebral	les	the	9		EN IN PART	ONSET 44	REORMED?
20c. TIME OF INJURY Month, Day, Yeor While at wark 19 19 19 19 20c. TIME OF INJURY (Home, far factory, street, affice bldg., el at wark 19 19 19 19 19 19 19 19 19 19 19 19 19							from the co	, 19 <b>.5</b>	hat I los	date stol	
1		Dr. David J		re  AME OF CEMETERY			iter-Sa		ury, l	Maryl	and State)
	REMONAL (Specific	1 Sept. 27	,1959	Parsons	Cemeter	у	Salish	ury,	Mary]	land	nule)
	23. FUNERAL DIRECTO	R'S SIGNATURE Y & COMPAN		SBURY, MA	RYLAND	24a. REC'D 8Y	P 2 9 '59	24b. REGI	STRAR'S SIG	7 Tiana	

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the registrar priar ta burial, crematian, ar remaval, and in any



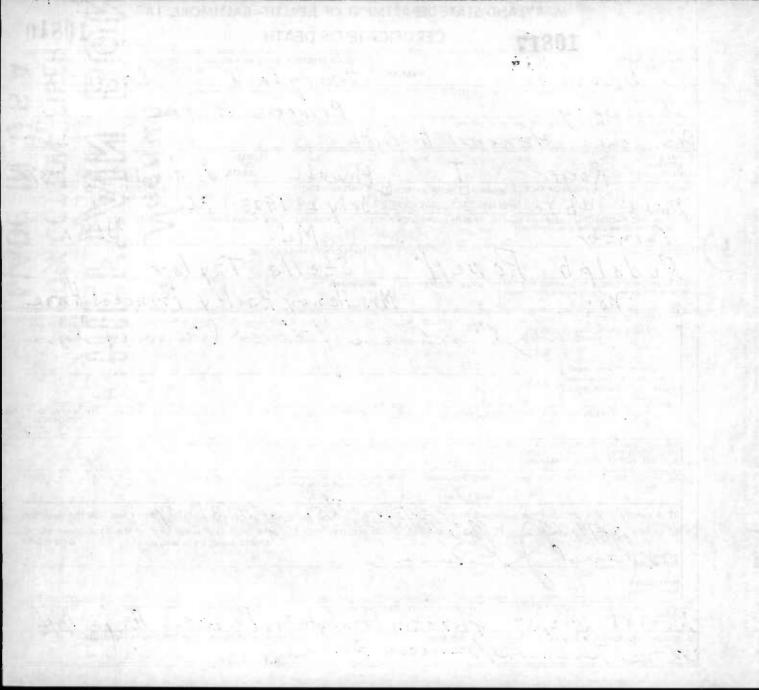
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
10817 CERTIFICA	ATE OF DEATH  Reg. Dist. No. 10810							
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
o. COUNTY UICO MARYLAND	mary Land b. COUNTY Somer set							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Salisbury	Princess Anne 19x-2							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PEDIN SULE HENE - aL HOSPIT	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES X NO							
3. NAME OF First Middle	Last 4. DATE Month Day Year							
(Type or print) RDGE/	Powell DEATH September 29 1959							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
make White WIDOWED DIVORCED	Joly 29 1923 Josephiathdoy) Months Doys Hours Min.							
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME	TAL MOTHER'S MAINTAINE							
13. TAINERS NAME	14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address							
(Yes, no, or unknown) (If yes, give war or dates of service)	rs. Henry Bailey Princess Anne							
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	of Liver Kaennecs 2 and							
581.1 DUE TO								
Conditions, if ony, which (b)								
gove rise to immediate DUE TO								
lying couse lost. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 1 NO 1							
	ED. (Enter nature of injury in Port I or Port II of item 18.)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)							
Senta	6=0 86 54 . SEpt 29 1054111							
alive an alive and that death	h accurred at 13 PM, fram the causes and an the date stated abave.							
ACTUAL and Silver	ADDRESS (Street, city or town, stote)  DATE SIGNED							
SIGNATURE	.M.D							
PHYSICIAN'S NAME (Type)								
220, BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY CONTROL (Specify)	PRESERVITETIES TIME CSS HADE (State)							
23. FUNERAL DIRECTOR'S SIGNATURE	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
James plumon princess	Tour DATE OCT 7 '59 Orillary & Heard							

DATEOCT

TO HOSPITAL VS A15 (4) 15M 9/58



Reg. Dist. No.

		10818		CERT	IFICA	AIE OF DEATH	1	Reg. Dist	No.	
	PLACE OF DEATH  COUNTY  W1CC	mico		MAR	YLAND	2. USUAL RESIDENCE (WHO O. STATE Mary.	here deceased lived. If inst b. COUR	tution: Residence	before oc	imission)
	b. CITY OR TOWN (If outsi RURAL and give nearest		write c.	LENGTH OF STAY			utside corporate limits, wri			lawn)
	Salisbur			45 Year	rs	× Willard	ds			
3	d. NAME OF HOSPITAL (IF OR INSTITUTION Springhill	Sanitar		_		d. STREET ADDRESS			0	RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print) Har	First	D.	Middle		chardson	Oc.	Month ember 1	Doy 2,	Yeor 19 59
5. :		hite v	MARRIED			Sept. 12,	1888 9. AGE (In ye	yrs. IF UNDER 1		DUTS Min.
100		ive kind of work do		of Business	OR INDUS	Maryland		12. CITIZ		HAT COUNTRY?
13.	Peter S. Richardson Mary E. Parsons									
	WAS DECEASED EVER IN ( s. no. or unknown) (If yes,	U. S. ARMED FORCI give war or dates of serv		3-14-24			ichardson s	alisbu	ry,	Md.
	18. CAUSE OF DEATH [ PART I. DEATH W		e per line f	og (0). (b). ond (c)	ery	(Entery)	theromba	Ria	INTERVA ONSET	AND DEATH
	420./ Canditions, if any, w			1	//	" las	theres cle	rosen	3	gra
	gove rise to immed couse (o), stating the <u>unlike</u> lying couse lost.	nder- DUE TO							6	/
CERTIFICATION	PART II OTHER SI	CHIPICANT CONDI	TIONS CON	Very	ath BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION	GIVEN IN PART	PI	VAS AUTOPSY ERFORMED?
	200 ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	Ob. DESCRIE	BE HOW INJURY O	OCCURRE	D. (Enter noture of injury in I	Port I ar Part II of item 18.			1
MEDICAL	20c. TIME OF INJURY M Hour a. m. p. m.	onth, Doy, Year 19	While	RY OCCURRED Not while of work		ACE OF INJURY IHame, farm ctary, street, affice bldg., etc		(Co	ounty)	(State)
	21. I certify that I alive an	attended the c			6/2 t death	9 , 19 <b>59</b> , to So accurred at 5:30	PM, fram the cause ADDRESS (Street, city or to	s and an the	st saw date s	the deceased stated abave. DATE SIGNED
	PHYSICIAN'S NAME (Type)	vib s.	Git.	more,		M.D. <u>Medical</u>	Center, S	alisbur	· y , 1	√d.
220		26. DATE THEREOF	2	2c. NAME OF CEA	AETERY O	R CREMATORY	Salisbury	yn, or county) Md.		(Stote)

TO FUNERAL TO HOSPITA

and 2 should be filed with

ter death. Page

requires that the death certificate be executed within 24 ha

the attending physician and completely filled

burial, cremotion, or removal, and in any event

the registrar prior to

23. FUNERAL DIRECTOR'S SIGNATURE

page 3 should

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE SEP 21 '59

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About 12 W	gene and the
	. Date . The state of the state
	City Twent I was a
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	A Service of the Control of the Cont
	A. C.

MARYLAND STATE DEPARTMENT OF REALTH-BALTIMORE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10319 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10812

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY COUNTY MARYLAND Wicomico comico ryland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Salisbury D. O. A. Mardela d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO R.F.D NAME OF DECEASED 4. DATE Middle Lost Month Doy Year (Type or print) DEATH 16-59 19
IF UNDER 1YEAR IF UNDER 24 HRS. KARL Richardson 9-9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH last birthdoy) Months Doys Hours Min WIDOWED [ DIVORCED [ .1892 yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland Retired Navv Navv US.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Richardson Unknow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Mrs. Richardson Same WWL Navy CBM ry E. None INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary occlusion Sudden IMMEDIATE CAUSE (o) **DUF TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), sloting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY PERFORMED? YES T NO X 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part t or Port 11 of item 18.1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry A. and in my Accident . Suicide , Homicide , opinion death resulted from: Natural causes XI. Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Earl L. Royer, M.D. 9-17-59 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial (Specify) Arlington N tional Cem! Arlington Va. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE The Hill & J hnson Co. Salistury, Md. Orthon & Knows SEP 21 '59

files. Health, your do f 20 Boar State 0 offer with SON Page 72 ive Poges 1, form PM3. P alang Office should the forworded i should FUNER 0 5M 2/57

VS. A15ME

THE STORY LAND STATE DEPARTMENT OF HEALTH SEATTMENT OF STATE LOGIO STADIFICAL EXAMINARIS CENTRICATE OF BEATH 20. A. D. C. L. C. genbat. productive works of the first war with the American terms of the first The State of the S ACC:N The state of the s AND AND THE PARTY OF THE PARTY EN LY SE THE COURT OF THE PARTY OF THE PARTY

VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	10820	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY	
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  SALIS BURY	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF &	sutside corporate limits, write R	05
2	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION OF ENERAL /7	OSPITAL	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) TOAN	ANN A	ROIEY	4. DATE MOR DEATH SEPTE	EMBER 15 1959
	FEMALE NEERO WIDOW	VED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 6 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Doys   Hours   Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even it stired)	HOUSE WOR	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	JOSEPH ROLCY		14. MOTHER'S MAIDEN N	- /7 /	Y
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Yes, no, or unknown) {  (If yes, give war or dates of service)	214-05-6684 12	NFORMANT Euline man	nel - Stoc	Alton, md.
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	line for (o), (b) and (t).]	lacia) Cere	lera le dema	INTERVAL BETWEEN ONSET AND DEATH
	443X DUE TO	laur min	ute intrac	erelien	
	gove rise to immediate couse (a), stating the <u>under-lying couse</u> lost.	esperteuseno	Cardeovo	escular Di	scioso ?
2	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor 20d. Hour o. m. 19 Whil	e _ Not while _ / for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	.) 20f. (City or town)	(County) (State
	21. I certify that lattended the deced	sed fram. 114	, 1959, ta		that I last saw the deceased
	ACTUAL P	ellar hat death			nd an the date stated above stote) DATE SIGNED
1	PHYSICIAN'S NAME (Type)	PARANERJ	P SAL	isbuR1/14	10
	220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify)	22c, NAME OF CEMETERY O	R CREMATORY	22d. LOCATION City, town,	or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/		ISTRAR'S SIGNATURE
	Manuso -	new church	1/2 - DATE SE	p 1 8 '59 a	thun & Kravas

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ELECTION STATE

Reg. Dist. No.

	10041	0			Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryl	ere deceased lived. If institution: and b. COUNTY	Residence befare admission) Somerset
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  Salisbury		c. LENGTH OF STAY IN 1b		utside carporate limits, write RUR  Quarter	tAL and give nearest tawn) $1.9 \times -2$
OR INSTITUTION	AL (If not in hospitol, give streets Head State	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First John	Middle Frederick	Shores	4. DATE Month OF DEATH Septemb	per 22, 19 59
5. SEX Male		ARRIED NEVER MARRIED M	B. DATE OF BIRTH  Jan. 9, 1880	Laura Litaria Garage	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
during mast af warl	ON (Give kind af wark dane liking life, even if retired)	Ob. KIND OF BUSINESS OR INDU	Dames Quar		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hue	nphery Shore	8	14. MOTHER'S MAIDEN N	zabeth Watso:	20.
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANIMT . C. Th	omas Shorest	Nephew) Cambrid Salisbury, Md.
777777	mmediate (	Carcinoma of	stomach		INTERVAL BETWEEN ONSET AND DEATH
Arte  20g. ACCIDENT WA OR CONTRIBUTING	riosclerotic h	IS CONTRIBUTING TO DEATH BUT LEART disease - DESCRIBE HOW INJURY OCCURRE	hypertrophy o:	f prostate, ben	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO A
	Wh	f.	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.		(County) (State)
	at I ottended the dece	pased from July 7, 2, 59, and that death	M.D. Deer's		- 1 - 1-
220. BURIAL, CREMATIC REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	Sept. 26, 19	22c. NAME OF CEMETERY CO. 59 Shores Far	or crematory nily Cemeter 24g. REC'E	22d. LOCATION (City, tawn, or y —Dames Qua by REGISTRAR 24b. REGISTI	rter, Maryland
HOLLOWAY	& COMPANY	SALISBURY MAR	XYLAND DATE S	EP 2 9 '59 GUA	chur & Triana

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have the death. Page 4 may be retain the hospital ar attending physician.

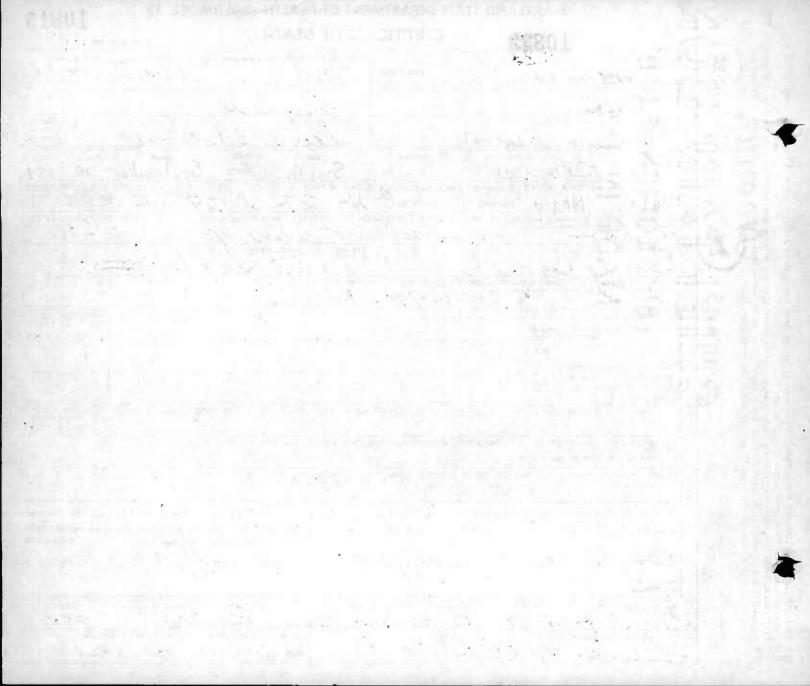
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remay contain pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hars after death. s after death.

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and the second	incl. on the large to the war and		e of action of real con-	
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CERTIFICATE OF DEATH

10815

	10822	CERTIFICA	ATE OF DEAT	H	Reg. Di	ist. No.
1.	PLACE OF DEATH a. COUNTY W. Comice	MARYLAND	2. USUAL RESIDENCE (W		. If institution: Resider	ice before admission)
	Salis barci	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	mits, write RURAL and 23 x	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION PENINSULA GENERAL	55)	d. STREET ADDRESS	3 3	erlen	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Sloge	Middle	Smith	4. DATE OF DEATH	Septembo	Day Year 1- 10 19 59
	male Negre WIDOWED	DIVORCED D	8. DATE OF BIRTH 27-	30 2	birthday) Manths	Doys Hours Min.
	lo. USUAN OCCUPATION (Give kind of work done downing mast of working life, even if retired)	OF BUSINESS OR INDU	Berle	in m	12. CIT	IZEN OF WHAT COUNTRY
L	FATHER'S NAME Smith		14. MOTHER'S MAIDEN	NAME Sel	But	320
IS (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	-34-7250	Hickey	20	Address	
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), and (c).]	hnoid	Hemore	hage	INTERVAL BETWEEN ONSET AND DEATH
	330 X DUE TO Conditions, if ony, which ) (b)					
1	gove rise to immediate couse (a), stating the <u>under-lying</u> couse lost.			= 1300		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE CON	DITION GIVEN IN PAR	PERFORMED?
		HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port 11 of	item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY Hour a. m. While ot wark	OCCURRED 20e. PL Not while of work	ACE OF INJURY (Home, far ictary, street, affice bldg., et	m, 20f. (City or to	wn) (	County) (Stat
	21. I certify that I attended the deceased fr		, 19,59, ta occurred at 2,001	9-10		ast saw the decease
	ACTUAL SIGNATURE 10 14 0014 & 4	and mar deam	un Sala		ity or town, state)	DATE SIGNE
	PHYSICIAN'S NAME (Type)	<b>**</b>	M.U.		)-)	
22	o. BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify)	NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (	City, tawn, ar county)	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	'D BY REGISTRAR	24b. REGISTRAR'S SI	
10	TID AREN INCOLOR	en	DATE	FP 1 6 '59	arthur &	Trans



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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10838

CERTIFICATE OF DEATH

7	PLACE OF DEATH , o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)	c. CITY OR TOWN (th outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (V) hot in hospital, give street address)  OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3	NAME OF DECEASED (Type or print) William (Middle	Starley 4. DATE Month Day Year OF DEATH 23 19-5
-	SEX   O. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HR: lost birthdoy)  yrs. Months Doys Hours Min.
1	Do. USUAL OCCUPATION (Give kind of work done of the lotting most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
	Tiehord Storley	14. MOTHER'S MAIDENNAME Devils
1 (	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (et. no. or unknown)  (If the give wor or dotes of service)  (2)  (4)  (4)  (4)	Moroda Sany Address
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	de Delatotien Interval BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.  (b)  DUE TO	
MOUTACISITABL	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED? YES NO
		RED. (Enter nature of injury in Part I or Part II of item 18.)
INCHOOM	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. F Hour a. m. 19 While at work at work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State of county) (State of county)
	21. I certify that I attended the deceased from Allie alive an Saph 3/1, 19 19, and that deat ACTUAL SIGNATURE 774 d C Que un	th accurred at D.M. from the causes and an the date stated aba  ADDRESS (Street, city or town, state)  M.D. M. Aldela, M.A. Sabt Delay
/	PHYSICIAN'S FRED COUCH	5
Ŀ	Ro. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify) 9-59-59 Sharplan	
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR V 24b. REGISTRAR'S SIGNATURE  DATE  ATTENDATE  ATTEND

	2000 2	Reg. Dist. No.
	1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
	Wicomico MARYLAND	G. STATE MARYLAND B. COUNTY SOMERSET
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
	Salisbury 3 WEEKS	CRISFIELD 19392
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Peninsula General Hospital	ASBURY DECTION YES NO BY
	3. NAME OF DECEASED (Type or print) Blanche PRUITT	STEPLING 4. DATE Month Day Year OF DEATH SepTember 15 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min
1	Female White WIDOWED DIVORCED	DEC. 24, 1989   last birthday) Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDU during mast af working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	HOUSEWIFE AT HOME	CRISFIELD, MAD'ILAND U.S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ELIJAH PRUITT	CORNELIA STERLING
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [(If yes, give war or dates of service)] 16. SOCIAL SECURITY NO.	INFORMANT COLUMBIA AUE, & MYRTLE S
	No a	IM. R. STERLING - CRISFIELD, MO.
	1B. CAUSE OF DEATH [Enter only one cause per-time for (a), (b), and (c):]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF CHECKING	/ Wrompasis 22 days
	DUE TO P	( + · 1
	Canditians, if any, which) (b) Clreby (	Interes Clerosis
	gave rise to immediate cause (a), stating the under-	
	lying cause lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?,
		YES NO D
	© 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18.)
		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) ctary, street, affice bldg., etc.)
	Haur a.m.    While Nat while   far	cidity, sheet, diffice blugs, etc.)
1	21. I certify that I attended the deceased from 8-25	1958, ta 7-15 , 1959, that I last saw the deceased
1	alive an 09-15 ], 19 57 , and that death	accurred at 5 M, fram the causes and an the date stated above.
П	011 01 51	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE Count for delicen	MD Salesbury Med. 7/15/56
	PHYSICIAN'S NAME (Type) David V. (Tilmo	re
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	BURIAL 9/18/59 SUNNYRIDE	E CEMETERY CRISFIELD, MO.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	BRADSHAW KDONS - CRISFIELD. MD.	DATE SEP 1 8 '59 arthur & Krans

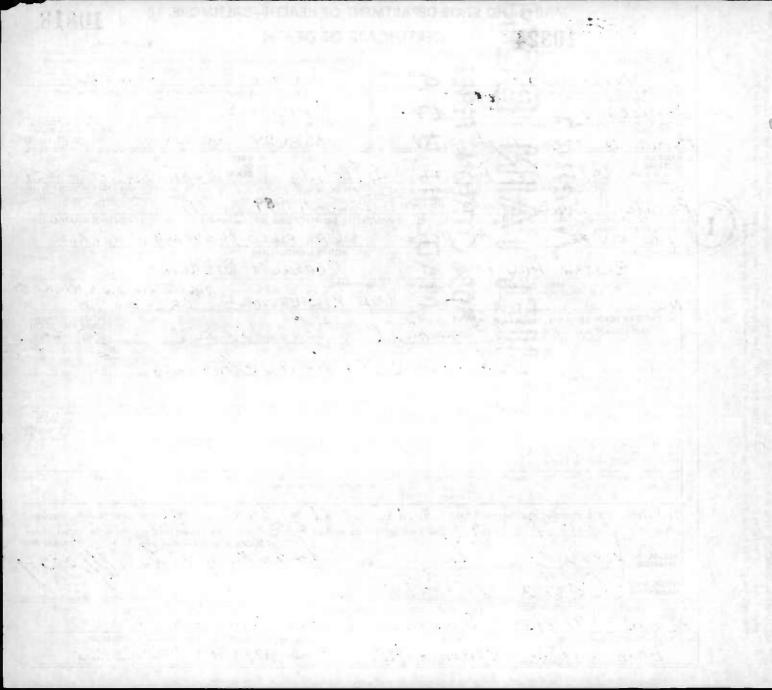
may be retainker by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. r death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

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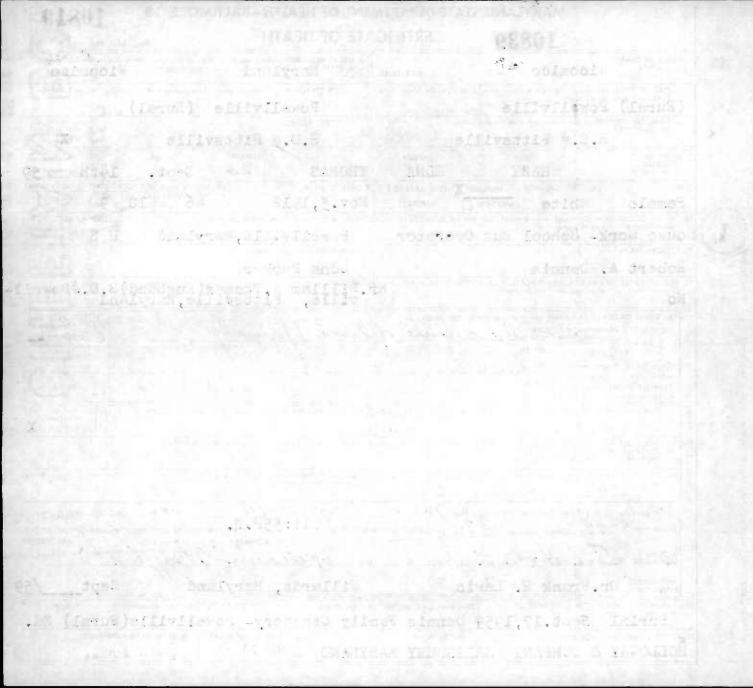
TO HOSPITAL VS A15 (4) 15M 9/5B



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moy be retained by the haspital ar attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.		3. 5. 5. 5 H1000 HC	İ
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ar o is cel		MEDICAL CERTIFICATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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moy be retained by the haspital ar attending physician.  • FUNERAL DIRECTOR: After this certificate has been signaged 3 should be detached for use as the burial-transit the registrar prior to burial, crematian, or remayal, and		220	
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VS A15 (4) 1SM 9/S8

10003	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY WICOMICO MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  (Rural) Powellville	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  Powellville (Rural)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.D.# Pittsville	d. STREET ADDRESS  R.D.# Pittsville  e. IS RESIDENCE ON A FARM? YESX NO
3. NAME OF First Middle DECEASED (Type or print) MARY EDNA	THOMAS  4. DATE Month Day Year OF DEATH Sept. 14th 19 59
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED [	Ide Dy Thoday   Months   Daws   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done of the lower of the lower of working life even if retired)  House Work- School Bus Operator	Powellville, Maryland USA
Robert A. Dennis	14. MOTHER'S MAIDEN NAME Edna Parker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service)	Mr. Wille, Pittsville, Maryland Powel
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  (c)	of liver (prinary Onset and Death
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO.
	URRED. (Enter nature af injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Nat while at wark at wark	e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) factory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram Marca alive an 9-14, 1939, and that do ACTUAL SIGNATURE FRANKE Lewis PHYSICIAN'S Dr. Frank R. Lewis	eath accurred at 1:55P, Total the causes and an the date stated abave  ADDRESS (Street, city ar town, state)  M.D. Willards, Maryland  Willards, Maryland  Sept /5
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ARYLAND DATE SEP 2 1 '59 Only & House



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH OR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Page b. COUNTY files. Health, MARYLAND Maryland Wicomico b. CITY OR TOWN III outside corporate fimils, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and nive nearest towns 30 Tvaskin Tvaskin d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS e. IS RESIDENCE Box 92 Route YES NO NO Quantico Road 3. NAME OF First Middle Lost Yeor DECEASED 9-18-59 (Type or print) DEATH Richard 19 Thomas 5. SEX 9. AGE |In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED [ DIVORCED [ CO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Page ! 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2 th farm PM3. Pa 13. FATHER'S NAME poges 14. MOTHER'S MAPDEN NAME 15, WAS DECEASED EVER IN U. 17. INFORMANT 16. SOCIAL SECURITY NO. interval between onset sudden 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] Crushed skull PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Office DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. 3 the word "pending"; Chief Medical Exami 3 shauld be used as a r to burial, cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 179. WAS AUTOPSY PERFORMED? YES [ NO 20g. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) that crossed white line hit oncoming car 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Page 3 TYASKIN WICOMICO MD. 0-798- Gowork of work Highway 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection A and in my DIRECTOR: opinion death resulted from: Natural causes . Accident XI, Suicide . Hamicide | Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. designof should be FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 9-18-59 DEPUTY MEDICAL EXAMINER Royer, M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DAJE THEREOF 22d. LOCATION (City, town, or county) (Stote) BEMOVAL (Speaty) ADDRESS 23. EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME DATSEP 2 3 '59 arilar & Kraus 5M 2/57

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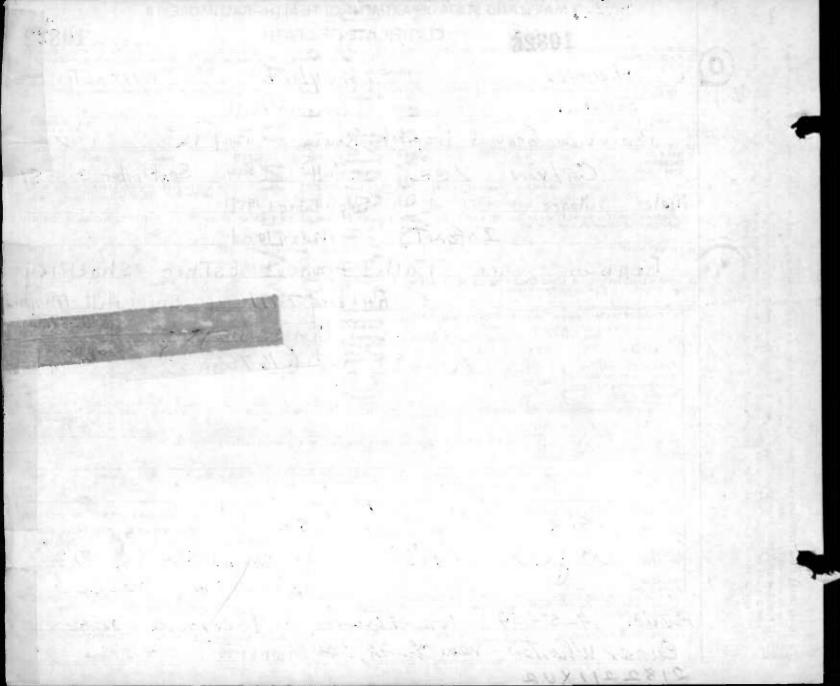
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10825 CERTIFICATE OF DEATH

10821 Reg. Dist. No.

	, and a second s
1. PLACE OF DEATH . O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
WICOMICO MARYLAND	thankland wiconner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury	12 Salistant
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS.
D OR INSTITUTION	1-10 A Day of A STARM?
reninsula General Mospilal	317 collins street YES NO E
3. NAME OF DECEASED (Type or print)	Aunsend Death September 3 1959
- 0117	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	last birthdoy) Months Days Hours Min.
temale Colored WONDANDED DIVORCED	Sept 30, 1906 5-9 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. 8IRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY?
Someti	Dolayman Bus A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Janhua. Commen	Oranie Trooden.
	NFORMANT Address
(Yes, no. or unknown) (If yes, give war or dates of service)	in sin all' la
76. 200-09-11842	elsey solution 3/1/11/line 17.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWEEN ODJSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Chranes	skriter ladelings
260 X DUE TO 10	Joseph The Company of
Conditions, if ony, which gove rise to immediate (b) Rylables	
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
¥	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 1B.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
- L	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
Hour o. m.  p. m.  19 While Not while of work of work	
01.	105/1 9/3 105/11 11
GIA	1957, ta, 1937, that I last saw the deceased
alive an, 19 1 9 , and that death	accurred at
7:10/2	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE // / / / / / / / / / / / / / / / / /	MD alestrus. Mr. 9/3/59
7/	
PHYSICIAN'S NAME (Type)	
	MALLOCATION (C)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Buriel 7/5/59 Breen Oc	hes salished Mile
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Wester of Stillout doler less	DATE SEP 10'59 Conthun & Kraus

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ter death. Page 4

## M filled in by the funeral director, ges 1 and 2 shauld be filed with TO HOSPITAM ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had may be relucived by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10827 CERTIFICATE OF DEATH

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									110.
1. PLACE OF DEATI o. COUNTY	Wicomico		MARYLAN	- 11	USUAL RESIDENCE (WHO a. STATE Maryla		l lived. If institut b. COUNTY		
b. CITY OR TOW	'N (If autside corporate lim	its, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If o		rote limits, write I		
Sal	negrest town)		55 days	1	Eden				
d. NAME OF HO	SPITAL (If not in hospital,	give street			d. STREET ADDRESS				e. IS RESIDEN
OR INSTITUTION	r's Head Sta	to No	emit - 1		Route #	2			ON A FAR
3. NAME OF		rst TIC	Middle			4. DATE			
DECEASED (Type or print)		orge	G.		White	OF DEATH	Ser		20 19 E
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	] B. D	ATE OF BIRTH		9. AGE (In years last birthday)		EAR IF UNDER 24
Male	Col.	WIDOW	ED DIVORCED		3/20/1883		76 yrs.	Months Da	iys Hours A
10a. USUAL OCCUP during most of Labor	working life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY		ar foreign co		12. CITIZEN	OF WHAT COUN
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N				
Geor	ge White				Rachel T	inger			
	EVER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO.	INFO	RMANT Hospit		ords Add	Iress	214.7
Conditions, gove rise to couse (a), state lying cause to	ost. (c	) > :)	cinoma of pro				metastas	es	INTERVAL BETWE ONSET AND DEA Years
PART II.			ic cardiovasc			INAL DISEASE	CONDITION GI	VEN IN PART 1(	PERFORMENT YES NO
20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RRED. (E	nter noture of injury in	Part I or Port	II of item 18.)		
Hour a.	IJURY Month, Day, Ye m. m. 19	20d. I While of war	Not while	PLACE	OF INJURY (Home, form, street, affice bldg., etc	n, 20f. (City	or town)	(Cou	nty) (S
21. I certify olive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL, CREMA BEMOVAL (Special Control of the contro	Sept. 20,  //// // Juern	, 19	22c. NAME OF CEMETERY	M.D.	Deer's Salisbu	BM, from ADDRESS (SI Head S	the couses or reet, city or town, tate Hos	nd on the d state) p <b>ital</b>	sow the deceded obtained obtai
Bures	7-25-	57	1 rejer	4	Heres	XIC	Ceste	luf	The
23. FUNERAL DIRECT	OF SIGNATURE	21/	na Coles	1	24a. REC'	D BY REGIST 2 5 '59	RAR 24b. REG	ISTRAR'S SIGN	

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the funeral director, should be filed with	M	1.	PLACE OF DEATH a. COUNTY	omico			MARYLAND	a. STATE	ENCE (Where	e deceased lived, l b.
e d				f autside corporate limi	its, write	c. LENC	OTH OF STAY IN 16			side corporate limit
the fun 2 should	×	-	Salieh	AL (If not in haspital, ç	give street	address)	Yrs.	d. STREET AD	isbury DRESS	7
in by and 2		-		Gamden Ave	1.			40	9 Camo	den Ave.,
Pages 1 o		L	NAME OF DECEASED (Type ar print)	SOUT	IEY		Middle KING	Last WHII		OF DEATH
s. Po		5.	Male Male	6. COLOR OR RACE White	7. MAR WIDOW		DIVORCED	8. DATE OF BIRTH	1874	9. AGE ( last b)
attending physician and campletely filled n please remove carbon papers. Pages I within 72 haurs after death.	/ \	100	usual occupation during most of work	N (Give kind of work of ing life, even if retired	done 10b.	KIND OF		STRY 11. BIRTHPLA	CE (State ar	foreign country)
carbon after de		13.	FATHER'S NAME	31		Eler	701	14. MOTHER'S A		ME
ve co			Edward 1					Mary	Burba	
ng physic remove 72 haurs		15. [Ye	s, no or unknown)	R IN U. S. ARMED FOR If yes, give war or dales of st		SOCIAL S	1 10111	rs. S.Kir	er Maii	te. Same
please within		F	1B. CAUSE OF DEA	TH [Enter anly ane ca	use pervi	ine far (a),		19. 0.111	ig with	Jame
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ficate has the burial or remov		CERT	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HO	W INJURY OCCURRE	D. (Enter nature of i	njury in Part	I ar Part II af item
or att		MEDICAL	20c. TIME OF INJURY Hour a. m.	Manth, Day, Yea	While	NJURY OC	while_   fac	ACE OF INJURY (He lary, street, affice b	ime, farm, idg., etc.)	20f. (City ar tawn)
for the		¥	p. m.	1	at wor		77		9	100
Aft hed riof,			alive on	attended the	deceas	ed fram	: 1.	19:27-	195	(2/0)
TOR: detoc			alive oil	11 ()	_, 17		and that death	occurred at		M, from the co DRESS (Street, city of
d by			ACTUAL SIGNATURE	ikes 2	are	elle	ex.	M.D. Salish	_	Maryland
RAN Shauld	1		PHYSICIAN'S DENAME (Type)	r. Rufus Ga	rdne	r, Pi	ne Bluff R	d., Salis	bury,	Md.
JNED JNED Je 3		220	BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NA	ME OF CEMETERY OF	CREMATORY	220	d. LOCATION (City
o FUNE page 3 the regi		_	REMOVAL (Specify)	9-28-59		Par	sons Cemet	ery		Salisbur
p	5	23.	FUNERAL DIRECTOR'S				RESS			Y REGISTRAR 24
'S A1S (4) SM 9/SS	X		HILL & J	ohnsen Co.	Sali	sbur	y, Marylan	d c	ATE SICI	P 3 0 '59

Reg. Dist. No. If institution: Residence before admission) COUNTY s, write RURAL and give nearest tawn) . IS RESIDENCE ON A FARM? YES NO Manth Day Year 19 59 25 IF UNDER 1 YEAR IF UNDER 24 HRS." Days Haurs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL PETWEEN ONSET AND DEATH TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 1 YES NO TO n 1B.) (Caunty) (State) that I last saw the deceased auses and an the date stated above. ar town, state) DATE SIGNED 9-28-59 . tawn, ar caunty) (State) ry, Maryland

4b. REGISTRAR'S SIGNATURE arthur & Kraus

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